should state NT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMAN MARGIN RESERVED FOR BINDIA See instructions on back of certificate. V. S. No. 1

ż

1. PLACE OF DEATH	Q-a U4420
County Baltimore	Registration Dist. No.
Village or City Woodlawn	No Boywood Cloud St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Oleanor M. adams	
(a) Residence: No Dogwood Road Woodlaw (Usual place of abode)	YSt., Ward. If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Write 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH (Kril 24 , 1993 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of fames h. adams	22. I HEREBY CERTIFY, That I attended deceased from
6 DATE OF KIRTH (month day and year) 29 1 1855	I last saw help alive on Capacity 13, 19.33 death is said
6. DATE OF BIRTH (month, day, and year) 100, 27 % 1800	to have occurred on the date stated above, at 345 9'm.
777 // 1 25- 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, W Young SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this perputation (month and	arteriorcherosis - 10 ms
9. Industry or business in which work was done, as SILK MILL,	charing sheemater condition
SAW MILL, BANK, etc.	with antic insufficences 10900
- I sport in citis	
0 4	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Ball. (State or country) Marris or and	
1 11 11 11	
BAR	20 0000
(State or country)	Name of operation. Oate of
	What test confirmed diagnosis? Was there an autopsy? My
15. MAIOEN NAME Volume	23. If death was due to external-causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Walls (State or country) Warkson	Accident, suicide, or homicida? Date of injury , 19
(State of country)	Where did injury occur? (Specify city or town, county and State)
(Address) Wordlagen Md.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PEACE.
18. BURIAL, CREMATION OR REMOVAL CENTER Office of 1923	Manner of injury
19. UNDERTAKER Frederick rase of more (Address) 740/ Baan Goad	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED 4/25/ , 19 3 80 - D. Bug Ser	(Signed) Legge Angel M. D. (Address) 3030 Column door One

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County () allfuste	Registration Dist. No. 36
Village or City Caronicolle Ma	No. 132 Wanteso St., Ward
	death occurred in a hospital of institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Tenjamine Olk	lew a and
(a) Residence: No. 132 / Minters	St. Colorescle Md
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
α	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 1 15 FSS than	I last saw have alive on, 1923 ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated slove, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ass of the
I 9-Industry or business in which	Vac si moral
work was done, as SILK MILL, SAW MILL, BANK, etc	6 her afterbuth
10. Date deceased last worked at this occupation (month and year)	
(A 10 m	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)	Carl
13. NAME Lee allen	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Averages My	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Classes Smith	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Woward Co 7111	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Everyseen Cen Date afril 15, 1933	Nature of Injury
19. UNDERTAKER Gee allen	24. Was disease or Injury in any way related to occupation of deceased?
(Address) 132 week Caloungla Vel	If so, specify
20. FILED afriel 25, 1932 marshall Bloom	(Signed) M. D.
Registrar.	(Address) - 1 - 7 0 3 4 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage .	July 5,1927	Peritonitis	3 days ago
BURDAU V. S.			
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

REC	ζ. I	Exac	
BRMAN AT	EXACTLY	classified.	ů.
IS A P	stated	properly	certificat
HIS	pe	þe	of
K-T	plnous	t may	back
G IN	GE	hat i	ns or
DIN	I. A	So t	uction
NFA	plied	erms,	instri
O H.	ins A	ain t	See
WIT	efull	in pl	aht,
LY,	e car	H	port
1	ld b	DE	ry im
E P	shou	3 OF	is ve
VRIT	tion	AUSI	NO
3	m	C	TI
Z.			
	N. B.—WRITE PLANKLY, WITH UNFADING INK—THIS IS A PERMANANT REC	N. B.—WRITE PLANKLY, WITH UNFADING INK—THIS IS A PERMANANT REC mation should be carefully supplied. AGE should be stated EXACTLY. P	N. B.—WRITE PLANKLY, WITH UNFADING INK.—THIS IS A PERMANANT REC mation should be carefully supplied. AGE should be stated EXACTLY. P CAUSE OF DEATH in plain terms, so that it may be properly classified. Exac

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3730
County Balts.	Registration Dist. No. 30
Village or City Catonsville	No. 6 Animotor au St., Ward
Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Matilda allem	
(a) Residence: No Edmondon and Conty Hon (Usual place of abode) 35	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Capiel 26 , 193.3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late & Robert allen	22. I HEREBY CERTIFY, That I attended deceased from 1932, to Office 26, 1933
6. DATE OF BIRTH (month, day, and year) The S- 18.54	I last saw h_ saw alive onafuil0.25_, 19.35; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
78 # 11 -2 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKERPER atc	
9. Industry or business In which	Sences Demention 3gm
work was done, as SILK MILL, SAW MILL, BANK, etc.	4
10. Data deceased last worked at this occupation (month and year)	
4 , ,	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) aurfor (Stata or country)	0.0
	arleres Silerons
13. NAME FACT Wills 14. BIRTHPLACE (city or town) - If	Nama of operation Date of
(State or country)	What test confirmed diagnosis? Clerible Was there an autopsy?
15. MAIDEN NAMES Sophia Krusser	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Sermany	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Charles Walls (Bso.) (Address) 1106 Dupeland St	Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL	Manner of injury
Place Tustu part Date Offil 28, 1933	Nature of injury
19. UNDERTAKER Margaret & Oryman (Address) 200 Mr. Stilton St. Bulbind	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Offiel 26, 1933 Meanshall B Wyl	(Signed) Washall Burst M. D. (Address) Datourulla Jud
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	IER STATEMENTS BY PHYSICIAN
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	Z	P
1	PLA	Plan
1	B.—WRITE PLAINI	mation chould be
	WRI	
V. S. Mo. 1	E .	1
> S3	ż	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(210-P) 03731
County Baltimore	Registration Dist. No. 3.5
Village or City White Half Ind	NoSt.,Ward
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosds.
Classic Grand Gran	/
2. FULL NAME Clause James Ca	mont.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male while willower	(Month) (Oay) (Year)
58. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That attended deceased from
(or) WIFE of Mabre almony	
5. DATE OF BIRTH (month, day, and year) June 6 1894	l last saw h alive on, 19; death is said
/. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
3 8 /0 / 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Kill masslut: und-
SAWYER, BOOKKEEPER, etc.	voidable accident. Thrown from fice en-
work was done, as SILK MILL, dalo sey	gine, which what, while restonding
D. Date deceased last worked at this occupation (month and spent in this	to call to fire. Instant death impuries
yeer) oscupation	Other Cantributary Cause of Importance: Country, manyland.
12. BIRTHPLACE (city or town) White Hall,	, sales of majoritation of the sales of the
(State or country) Balls Ca Ind	member of Fire Company Relled in line of duty.
13. NAME Pleasant almony	Cut R
(State or country) 14. BIRTHPLACE (city or town) While Fall (State or country) Ball Co. Ind	Name of operation Date of
15. MAIOEN NAME Program Emma alamand	What test confirmed diegnosis? Was there an autopsy?
	23. If deeth was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Academic Date of injury Christian, 1933
16. BIRTHPLACE (city or town)	Where did injury occur? mean Wiseling, Ballings Co., ma.
h & E Glowbrent	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT AND TO COMMON (Address)	On police road, leading from Wiseling to White Hall, Md,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injurylenersideller accident; fine engine expect.
Place Wesh Liberty Date Upul 10, 1933	Nature of injury theren from fine engine: injuries to head & body
19. UNDERTAKER P. markeline Lon	24. Wes disease or injury in eny way related to occupation of deceased? General re-
(Address) while I feel mad	If so, specify sponding to call to fire. D
20. FILED Gord 8, 1952 My cluer Sortues	(Signed) Www. State M. (Address) White fall mo
Registrar. If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
0 12			

PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDI TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEACH in plain terms, so that it may be mation should be carefully supplied.

V. S. No. 1

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (13732
1. PLACE OF DEATH	107
County Ballingre	Registration Dist. No. 30
Village or City Towyon	No. 400 Virginia (ive. St., Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a horpital of institution, give its NAME instead of street and number) 5. ds. How long in U.S. if of foreign birth?
2. FULL NAME Glarence Carroll a	ngins
(a) Residence: No. 400 Virginia ave	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
Male Colored OR, DIVORCED (nutice the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, That attended deceased from
6. DATE OF BIRTH (month, day, and year) Many 14, 1982	I last saw h. 1 M alive on 7 19 33 death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above/at6130Am.
/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, etc.	Bronchopneumona 3/29/33
3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	4
SAW MILL, BANK, etc. 10. Data deceased last worked at 11. Total time (years)	
this occupation (month and year) occupation — occupation	
12. BIRTHPLACE (city or town) Toward	Other Contributory Causes of Importance:
(State or country)	
13. NAME Frank lugers	
(State or country)	Name of operation Data of Was there an autopsy?
15. MAIDEN NAME Virginia Fardner	23. If death was due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) Sourcester, (Stata or country)	Accident, sulcida, or homicide?
17. INFORMANT Virginia augens, nother.	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. PURIAN PREMATION, OR REMOVAL Date 4/10, 1933	Manner of injury
19. UNDERTAKER Jeruged (F. Hausley) (Address) 8/8 Drew Steel Cent	24. Was disease or Injury In any way related to occupation of deceased? No.
20. FILED Oper. 8 , 1933 MM P. Quiller Registrar.	(Signed) (Solling Andson M.D. (Address) 696 Butto. Cive, Town, M.J.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	de la constante de la constant	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			•	

BIND

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURDAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

V. S. No. 1

STATE OF MARYLAND—CERTI	FICATE	OF	DEATH
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U	.1	hilly d	23	1
U	U		U	3

1. PLACE OF DEATH		-		(95-6)	7
County			ltimore	Registration Dist. No.	La
Village or CityGa.	r ison			NDSt.,	Ward
155 16 7 21 7 1 7 1				death occurred in a hospital or institution, give its NAME instead of street a	
Length of residence in city or				ds. How long in U.S. if of foreign birth?yrs	mosds
2. FULL NAME			ra Baird		
(a) Residence: No.	Garri	son, M		St., Ward.	
		(Usual place		If nonresident give city or town	
PERSONAL AND S				MEDICAL CERTIFICATE OF DEATH	1
Female 4. color or	-	OR DIVORCE	RIED, WIDOWED, D (write-the word)	21. DATE OF DEATH April 23rd, 193	3 , 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ra.	ymond :	M. Bai	rd	22. I HEREBY CERTIFY, Thet bettern	led-deceased from
	T)T	7 - 1	7077	- Le te	
5. DATE OF BIRTH (month, day, and	year) 10	v. 1st	,	Hast saw h alive on 19	death is said
7. AGE Years	Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, et. 9	
21	5	22	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, es SF SAWYER, BOOKKEEPER,	8. Trade, profession, or particular kind of work done, es SPINNER, Housewife SAWYER, BOOKKEEPER, etc.			Heart Desease	
9 Industry or business in which work was done, es SILK SAW MILL, BANK, etc	h MILL,				
kind of work done, es SF SAWYER, BOOKKEEPER, 9 Industry or business in whic work was done, es SILK SAW MILL, BANK, etc 10. Date deceased lest worked of this occupation (month an year)	et id	spe	ime (years) nt in this upation		
12. BIRTHPLACE (city or town) (State or country)	Baltim			Other Coutributory Causes of importance:	
1 7 1	ua Lee	Brown			
13. NAME JOSH 14. BIRTHPLACE (city or town) (State or country)	Balti	more,	lid.	Name of operation	
	not	known		What test confirmed diagnosis?	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	no	t know	n	23. If death was due to external causes (VIOL FNCE) fill in also the follow Accident, suicide, or homicide?	
(State or country)				Where did injury occur?	
17. INFORMANT H	Rosa Suay	n ughann	a, Ave.,	(Specify city or town, county and Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC	State) PLACE,
8. BURIAL, CREMATION, OR REMOVE	VAL Cemi	Vate 4/	2 4 1933	Manner of injury	
19. UNDERTAKEN BULLIA	m CB	ok,	4	24. Was disease or Injury in any way related to occupation of deceased?	
(Address) /2/7	1100	in 15		(Signed) Christian Corol	ler

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run or by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Periloville	3 days ago
		10	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDI TION is very important. See instructions on back of certificate. MARGIN RESERVED V. S. No. 1

STATE (OF MARYLAND—	CERTIFICATE OF DEATH 03735		
1. PLACE OF DEATH		159		
County Ballins		Registration Dist. No.		
Village Dr City Shum	ins vant	ND. 207. E. C. Ward if death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where	death occurredyrs,mo	sds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME hv 2		arrott		
(a) Residence: No. 207	(Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 9. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		21. DATE OF DEATH 1938 (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	_	22. HEREBY CERTIFY, That I attended deceased from		
6. DATE OF BIRTII (month, day, and year)	Chris 10 4/933	I last saw h. Ch. alive on affine 12 1933 : death is said		
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at \$220 a.m.		
107-11-11-11-11-11-11-11-11-11-11-11-11-11	2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Lune	Bremeline 7 mo		
industry or business in which	_	one man		
work was done, as SILK MILL, SAW MILL, BANK, etc	2-	-		
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) Sharm (State or country)	mis Point med	Other Contributory Causes of importance:		
1 // ^ =	Burnett			
I //	mi Punt Just			
14. BIRCHPLACE (city or town) (State or country)	, and the second second	Name of operation Date of		
15. MAIDEN NAME Kutherm	Elizatite Schnamer	What test confirmed diagnosis? Was there an autopsy?		
16. BIRTHPLACE (city or town)	un aily	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?		
(State or country)		Where did injury occur?		
17. INFORMANT Mis Halting (Address)	~ E. Schneemm	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	0.1-	Manner of injury		
Place Hamily	Date, 19	Nature of injury		
19. UNDERTAKER	2	24. Was disease or Injury in any way related to occupation of deceased?		
20. FILE apr 14 , 1933 4	Hernier My Registrar.	(Signed) Frank & Eldred. M.D. (Address) Sparrous Com		
If more		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

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Chronic interstitial nephritis UREAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		*	

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1	RMAN	XAC	classifi
MILITARIES INTERNATION TO TOTAL PRINTERS	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN	mation should be carefully supplied. AGE should be stated EXACTL	CAUSE OF DEATH in plain terms, so that it may be properly classified.
1	SIE	pe	pe
1 1 1 1 1	NK-T	plnods	it may
1	ING II	AGE	that
1	UNFADI	upplied.	terms, se
	WITH	efully si	in plain
	MINLY,	be car	EATH
	E PL	should	OF
	-WRIT	mation	CAUSI

B.—WRITE PL

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V. S. No. 1

TION is very important. See instructions on back of certificate.

XACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

1. PLACE OF DEATH County Baltimore			(8)	Desistantian Dist. N	44
obditty				Registration Dist. No.	
Village or CityMiddle_R	iver		No. WEIMPLE I'	NOBU St.	and number)
Length of residence In city or town where d	leath occurred	yrsmos	ds. How long in U.S	i. if of foreign birth?yrs	d
2. FULL NAME Stillb	orn Becl	kc			
(a) Residence: No.			St., Ward.		
(a) Residence. No.	(Usual place o	of abode)	Ju,	If nonresident give city or town	and State
PERSONAL AND STATIST	CAL PARTIC	CULARS	MEDICAL	CERTIFICATE OF DEAT	Н
SEX 4. COLOR OR RACE White	5. SINGLE, MARK OR DIVORCED	RIED, WIDOWED, (write the word)	21. DATE OF DEAT	H April 28.	, 1933. (Year)
. If married, widowed, or divorcad HUSBAND of (or) WIFE of			22. IHERE	BY CERTIFY, That latter	nded deceased fro
Δ	pril 28	. 1933	I last saw harmalive on	2 / 2/10	; death is sa
AGE Years Months Stillborn	Days	If LESS than I day,hrs. ormin,	to have occurred on the data The PRINCIPAL CAUSE OF I	stated abova, atm. DEATH and related causes of importance	, ueatii is sa
8 Trade, profession, or particular	ř.	i oimin,	were as follows:		Date of ons
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.					
9. Industry or business in which work was done, as SILK MILL,					
SAW MILL, BANK, etc			Stillborn		
10. Date daceased last worked at this occupation (month and year)	11. Total tir spen occu	me (yaars) tin this pation			
BIRTHPLACE (city or town) M1 (State or country)	ddle Ri	ver	Other Contributory Causes of		
13. NAME John Be					
13. NAME John Be 14. BIRTHPLACE (city or town) Mi (Stata or country)	_	ver	Name of operation	Date	
15. MAIDEN NAME Margare	t Dotte:	r		al causes (VIOLENCE) fill in also the follo	
n	ltimore			e? Date of Injury	
(State of County)	Md.		Where did Injury occur?		l State)
(Address)			Specify whether injury occurs	ed in INDUSTRI, III NUME, UI III FUDEI	G FEAGE.
B. BURIAL, CREMATION, OR REMOVAL			Manner of Injury		
Place	Date	, 19			
. UNDERTAKER				my way related to occupation of deceased	
(Address)					

STATE OF MADVIAND_CEDTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Villy 5, 1987	Peritonitis	3 days ago
1633	Am.		
Other contributory causes of importance:	191	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	100/		

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDI

V. S. No. 1

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6. DA

7. AG

OCCUPATION

12. B

FATHER

MOTHER

15. MAIDEN NAME

17. INFORMANT

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	62727
PLACE OF DEATH		(31)	00101
County Baltimare		Registration Dist. No.	8
Village or City Eul Hil	L (IF	No aromarell Builge Pd . St., death occurred in a hospital or institution, give its NAME instead of street a	
Length of residence in city or town where death oc	curredyrs3mos	ds. How long in U.S. if of foreign birth?yrs	mosds.
FULL NAME Zillie (Eleanon 1	Bierniller	
(a) Residence: No. Touch TV	Tel	St., Ward. If nonresident give city or town	1.0
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	
			1
	OLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH (Morth) (Day)	193 3 (Year)
married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended to the state of the	ded daceased from
TE OF BIRTH (month, day, and year) Feb	6.1883	I last sawh 12 alive on affil 16,19	
E Years Months	Days If LESS than I day, hrs.	to have occurred on the date stated above, at 12 30 Am.	
50 2 1	3 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	alid	Chronic intenstitial	Stepes
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		nephritis	ags
O. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	-2.2	
RTHPLACE (city or town) Baltu	non	Other Coutributory Causes of importance:	
(State or country) Md. 3. NAME John B. B.	emiller	Cepilipsy	18.9.7
4. BIRTHPLACE (city or town)		Name of operation	f

Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18, BURIAL, CREMANTION, OR Manner of injury Nature of injury

What tast confirmed diagnosis?

23. If death was dua to external causes (VIOL ENCE) fill in also the following:

lesso -- Was there an autopsy? - 250

19. UNDERTAKER (Address) If so, specify 20, FILED 4/2/ (Signed) Registrar. (Address)

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Example 1		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		11 6000	
		1 3 5	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			l

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 03738
County Baltimor Co-	Registration Dist. No. 30
Village or City Caytousoille	NoSt.,Ward
Length of residence in city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Benjamine . To	Bushop
(a) Residence: No. Administra	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
N. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH 19 193 3 (Year)
a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from January 1926 to April 19 1933
DATE OF BIRTH (month, day, and year) May - & - 1889	Hast saw h. un alive on apmil 8 1933; death is said
i. DATE OF BIRTH (month, day, and year) May - 8 - 1889 AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.10A
1889 43- 9 10 1day, h	S. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Que ege two	In tens titial nephritis Che 1432
9. Industry or business in which work was done, as SILK MILL.	
SAW MILL, BANK, etc	
year) occupation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town)	my o carditis 6 nor
(State or country)	- my o carry
13. NAME William a Bestiof	
14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Chronical Was there an autopsy?
15. MAIOEN NAME Caroline. gartin	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oata of injury, 19
16. BIRTHPLACE (city or town) (Stata or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Ims Phillip Cape	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL Confloring	zve
Place Wanton day - Dole on Z619	Manner of injury
0 10 g / + 1	24. Was disease or injury in any way related to occupation of deceased? To
19. UNOERTAKER (Address)	off so, specify
20 FUED april 19 19 33 marshall B World	(Signed) Willister Ton-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

Date of onset

Feb.

Mar.

1933

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis Soul -	3 days ago
	The same of the sa	
	I CIGIN	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH plnods County_/ Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city of town where death occurred How long in U.S. if of foreign birth?_____yrs-2. FULL NAME RECORD: (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR ØR 5. SINGLE, MARRIEO, WIOOWEO, 21. DATE OF DEATH (Month) 5a. If married, widowed, or divorced EBY CERTIEY That I attended deceased from (or) WIFE of 6. OATE OF BIRTH (month, day, and year) 7. AGE Years Months. Oavs If LESS than 1 day,hrs. The PRINCIPAL CAUSE OF OEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 0 OCCUPAT plnods may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at 11. Total time (years) this occupation (month and spant in this that year) _____ occupation_ Other Coatributory Couses of importance: 12. BIRTHPLACE (city or town) (State or country) ain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town (State or country) efully What test confirmed diagnosis?_____ Was there an autopsy?___ MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ (Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. plnods OF (Address) 18. BURIAL. OR REMOVAL Manner of injury CAUSE mation LION Nature of injury 24. Was disease or infury in any way related to occupation of deceased (Address) If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BIND

MARGIN

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Example I · Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclcrosis 1915 Attack of epilepsy 1 weck ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cercbral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

4	TILY,
	PLACE
7 7	B.—WRITE
o TA	B
	z

	CERTIFICATE OF DEATH (13741
1. PLACE OF DEATH	3 3
County Dalle A	Registration Dist. No.
Village or City Well Delegton	ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Prematury Bedly	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OF DIVORCED (prite the word)	21. DATE OF DEATH
morphisms after things	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. IREREBY CERTIFY, That I attended deceased from
(or) WIFE OF	July 100 my 19
6. DATE OF BIRTH (month, day, and year) The 25th R 3	I last saw h; death is said
7. AGE Page Months Days If LESS than	to have occurred on the date stated above, atm.
Still som 2 1 dayhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Pinno
SAWYER, BOOKKEEPER, etc.	Stil Warm
work was done, as SILK MILL, SAW MILL, BANK, etc	f 10 m 5 h
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	1,00
year) occupation	DI 0 14 1 0 1
12. BIRTHPLACE (city or town)	Dther Contributory Causes of importance:
(State or country)	
13. NAME THE TOWN OF THE STATE	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Safto	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Bafto 6	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Still Basky	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Family LAT Date 19	Manner of injury
1	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
1 00 AH MA VIII CO DA	(Signed) 1. 2. Assub fully with M. D.
20. FILED CLATELY & 1, 19.3.3 - Registrar.	(Address) Da A A A A A A A A A A A A A A A A A A
	2411 N. Charles Street, Baltimore, Requesting T. S. No. 1

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stated EXACTLY. PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OCCUPA-Jo Exact statement properly classified. of certificate. þe See instructions on back CAUSE OF DEATH in plain terms, so that it may TION is very important.

FOR BINDI

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

County Baltimore Registration Dist. No. Village or City Catonsville No. 3 Summit Avenue (If death occurred in a hospital or institution, give its NAME instead o Langth of tesidence in city or town where death occurred 25 yrs. — mos. — ds. How long in U.S. if of foreign birth? — yrs.	St., Ward	
(If death occurred in a horpital or institution, give its NAME instead of	of street and number)	
(If death occurred in a hospital or institution, give its NAME instead o Langth of residence in city or town where death occurred 25 yrs. ————————————————————————————————————	of street and number)	
	ds.	
2. FULL NAME August Helmuth Brinkmann		
(a) Residence: No. 3 Summit Avenue St., Ward. (Usual place of abode) St., Ward.	or town and State	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF D	EATH	
Male White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married 21. DATE OF DEATH (Month) 36 (Month) (Day	, 193 <u>3</u>	
5a. If mattied, widowed, or divorced HUSBAND of (or) WIFE of Marie Lyon 23. I HEREBY CERTIFY. That Marie Lyon 1919, to Glave	1 attended decaased from	
1 1000		
7. AGE Years Months Deys If LESS than to have occurred on the dete stated above, at 12.70 Cm.	, 13-17, udatii is saig	
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causas of important were, as follows:		
8 Trade profession or nationals	Date of onset	
Rind of work done, as SPINNER, SAWYER, BDDKKEFPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (month and	1000	
10. Date deceased last worked at this occupation (month and year) year) 11. Total time (yaars) spent in this occupation	1933	
12. BIRTHPLACE (city or town) Baltimore Other Contributory Causes of importance:	Zarely	
(State or country) Maryland Januaria 13. NAME August H. Brinkmann	44	
E	4.7.3.1.	
(State or country) Neme of operation		
what test confirmed diagnosis?		
T - 3- 3	23. If daath was due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?	
17. INFORMANT Mrs. Marie L. Brinkmann Specify whether injury occurred in INDUSTRY, in HDME, or in (Address) 3 Summit Ave., Catonsville	nty and State) PUBLIC PLACE,	
18. BURIAL, CREMATIDN, OR REMOVAL Place St. John's Cem. Data 5/2 ,1933 Manner of Injury Neture of Injury		
19. UNDERTAKER Westey W. Meater Sand 24. Was disease or injury In any way ralated to occupation of de (Address) 805 M. Calcard St. If so, spacify	ecaased?. Z.A	
20. FILED 5/1 , 1933 Alexander (Signed) Character Registrar. (Address) Continuous	all M.D.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related cau Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy Chronic interstitial nephritis RIII PA Run over by street car 1921 Cerebral hemorrhage July 5.1927 Peritonitis Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis Mau 1.1923

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS Exact should may so that it See instructions on carefully supplied. ATH in plain terms, important.

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B.—WRITE

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STATE OF MARYLAND—	CERTIFICATE OF DEATH USAGS
1. PLACE OF DEATH	(83)
County Dalten or County	Registration Dist. No.
Village or Gity Catonaulle 6	Tokens Trove Hospital Ward
Length of residence in city or town where death occurred yrs. 8 mds.	eath occurred in a hospital or institution, give its NAME distend of street and number) 2 ds. How long in U.S. if of foreign birth?
0-1.0	,
2 0 0 200	Back med
(a) Residence: No. 3861 Part 164 · Clusual place of abode)	St., If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
1. le white marie	(Month) (Day) (Year)
58. If Husbano of Husbano of	22. O I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of unknown	22. THEREBY CERTIFY. Thet I attended deceased from 19.33
6. DATE OF BIRTH (month, day, and year) Loly 17/1882	I last saw h alive on Copy 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 6. A. m.
49 6 13 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	General Paralesia
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	of the onsane 1/2 yes
10. Date deceased lest worked at this occupation (month end occupation — Lunh.	
12 BIDTUDI ACE (situas tamp)	Other Contributury Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Combas Estruction 10.
13. NAME Frank Brokento	the way
13. NAME Fraum Profesto 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there en au'opsy?
15. MAIDEN NAME Lonardo Branco	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Mus Jos Brocato	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 3801 PK Highli Clare	
18. BURIAL, CREMATION, OR REMOVAL Place 1 Law Calledol Date 4/3 ,1933	Manner of injury
P In P A	Nature of injury
19. UNDERTAKER Frank V. Virpilone	24. Was disease or injury in any way related to occupation of deceesed?
(Address) 28/8 2 Ballo al	If so, specify (Signed) (Signed) (Signed) (Signed)
20. FILEO , 19 Registrar.	(Address Cators of Party M. D.
700	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PHREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 years

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3 , / //
County Caltum in	Registration Dist. No.
Village or City Spanousform	No. 607 15+ St., Ward
(19	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs mos	ds. How long in U.S. if of foreign birth?
2. FULL NAME THE Com surfant.	many
(a) Residence: No. 607	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male e of OR DIVORCED (grite the word)	Cypr // 1 193 3
5e. If married, widowed, or divorced	(Month) (Oay) Plear)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
0.1 · · · · · · · · · · · · · · · · · · ·	, 19, 19, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
ormig.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	fittel von infant
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
0 10. Date deceased last worked at 11. Total time (years)	•
this occupation (month and spent in this occupation	
10 PIPTURI OF GIRLES (Demand only	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Oranghur 6/2 ms
13. NAME Jewis Brown	
14. BIRTHPLACE (cit or town)	Name of exercise
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Pamiel Ecclestion	23. If death wes due to external causes (VIOLENCE) fill in also the following:
= 10	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANT Mannue Brown	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
18, BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Winy Cein Date Apr /2 ,133	Nature of injury
19. UNDERTAKERS W. Chase ton	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Balto	If so, specify
20. FILE Ofr, 2 1933 G/ Melonierno	(Signe) (() M. C. M. D.
Registrar.	(Address) Op arrows orw

C C . M. A 1

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	Example I		Example II		
	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAY 6 . 1933	July 5,1927	Peritonitis	3 days ago	
1	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDI	
FOR B	
RESERVED	
MARGIN 1	

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH plnods Ballemore item of County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS wrs. _____ds. How long In U.S. if of foreign birth?_____ Length of residence in city or town where death occurred... statemen 2. FULL NAME Sister Mary Leanilla Buckley RECORD. Villa Maria If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) EXACTL classified. 5e. If married, widowed, or divorced HUSBANO of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 19.31 to Abzil 28 6. DATE OF BIRTH (month, day, and year) Jan. 30 - 18 6 2 certificate. properly 7. AGE Yeers Deys If LESS than to have occurred on the date stated above, at 11, 30 P.m. Months stated 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance or_____min. were as follows: 8. Trade, profession, or perticular OCCUPATION kind of work done, es SPINNER, duration 10days SAWYER, BOOKKEEPER, etc ... AGE should back 9. Industry or business in which work wes done, as SILK MILL, may SAW MILL, BANK, etc 10. Oete deceased lest worked et this occupation (month and 11. Totel time (yeers) spent in this so that occupetion ____. 12. BIRTHPLACE (city or town) ... Cambridge (Stete or country) supplied. in plain terms. Williams FATHER 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) carefully What test confirmed diagnosis?_ ----- Was there an eulopsy? MOTHER portant. 15. MAIOEN NAME 23, If deeth was due to externel ceuses (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?.. 16. BIRTHPLACE (city or town) ___. (State or country) Where did injury occur?. should be (Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE (Address) 10 18. BURIAL, CREMATION, OR REMOVA -WRITE Menner of Injury TION is CAUSE mation Nature of Injury 24. Wes diseese or Injury in any 19. UNOERTAKER If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

(Address)

Registrar.

__St.,____

Date of onset

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Example I			Example II		
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	2501 P VAN	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephr	itis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.S.	July 5,1927	Peritonitis	3 days ago	
Other contributory cau	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				129	

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ogo	
BUREAU V.	1)			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones .	May 1,1923	Gastroenteritis	1 year	

2. FULL NAME (a) Residence: No. PERSONAL A	city or town where dea	7	Registration Dist. No. 40 No. St., If death occurred in a hospital or institution, give its NAME instead of street and nu is. ds. How long in U.S. if of foreign birth? yrs. mos. St., Ward. If nonresident give city or town and St. MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	ds.
Village or City Length of residence in 2. FULL NAME (a) Residence: No. PERSONAL A 3. SEX 4. Col Wale 5a. If married, widowed, or did HUSBANO of (or) WIFE of	ND STATISTIC LOR OR RACE	(Usual place of abode) CAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (wrige the word)	No. St., If death occurred in a hospital or institution, give its NAME instead of street and nu is. ds. How long in U.S. if of foreign birth?	ds.
Village or City Length of residence in 2. FULL NAME (a) Residence: No. PERSONAL A 3. SEX 4. Col Wale 5a. If married, widowed, or did HUSBANO of (or) WIFE of	ND STATISTIC LOR OR RACE	(Usual place of abode) CAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	If death occurred in a hospital or institution, give its NAME instead of street and nu isds. How long in U.S. if of foreign birth?	ds.
Length of residence in 2. FULL NAME (a) Residence: No. PERSONAL A 3. SEX 4. COI Wall 5a. If married, widowed, or d HUSBANO of (or) WIFE of	ND STATISTIC LOR OR RACE	(Usual place of abode) CAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	St., Ward. If nonresident give city or town and St. MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	ds.
PERSONAL A 3. SEX 4. Col Wale 5a. If married, widowed, or d HUSBANO of (or) WIFE of	LOR OR RACE	CAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	late
PERSONAL A 3. SEX 4. CO Wale 5a. If married, widowed, or d HUSBANO of (or) WIFE of	LOR OR RACE	CAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	late
3. SEX Male 4. COI Male 5a. If married, widowed, or d HUSBANO of (or) WIFE of	LOR OR RACE	CAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	tate
5a. If married, widowed, or d HUSBANO of (or) WIFE of	LOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
5a. If married, widowed, or d HUSBANO of (or) WIFE of	lite	OR DIVORCED (write the word)		
HUSBANO of (or) WIFE of	20		(Month) (Day)	193 <u>(Year)</u>
		Burton, Tagg)	22. I HEREBY CERTIFY that I affended de	eceased from
	day and year)	1 4=1845	I last/saw harma alive on Wild 9 19 3	death is said
88	Months	Days If LESS than	to have occurred on the date stated above, atQm.	000111 15 5010
	1	1 day,hrs	the LYINCILAT CAOSE OL DEVLU and letated canses of imbolitance	Datastant
8. Trade, profession, or kind of work don	particular e, as SPINNER,	Land De Association		Date of onset
SAWYER, BOOKK	EEPER, etc	UM KOUNU	mas until be	9-77
work was done, a	SSILK MILL,	,	Millian Compression	2. danf
10. Oate deceased last v	nonth and	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or tow	, md		Other Coutributory Causes of importance	
(State or country)	~~~		- Munollarous	
표 13. NAME	un si	non		
13. NAME 14. BIRTHPLACE (city or		2	Name of operation Date of	
(State or country	1	V10	What test confirmed diagnosis? Was there an aut	opsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or		301	23. If death was due to external causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or State or country		Mariland	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Character (Address)	= E.	Bullon	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR Place Young	REMOVAL	Date april 6, 1933	Manner of injury	
19. UNDERTAKER (Address)	Forks	arthur	24. Was disease or injury in any way related to occupation of deceased?	, ~
20. FILED 45	VIA	MI Delate	(Signed) Willes / Williams	21/1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

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 7.04	· · · · · · · · · · · · · · · · · · ·	

MARGIN RESERVED FOR BIND

03748

1. PLACE OF DEATH			(2.3)	0.10	
county Baltimore			Mt. Wilson Bregistration Dist. No. 3	2	
Village or City Mt. Wilso	n		NoTuberculosis Sanatorium st.	Ward	
Length of residence in city or town where	death occurred	1 yrs 10 mos	death occurred in a hospital or institution, give its NAME instead of street and 24 ds. How long In U.S. if of foreign birth?yrs.	d number) mosds.	
2. FULL NAME Annie	Butro				
(a) Residence: No. 2318 E.		e Street	St., Ward. Baltimore, M	d.	
PERSONAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX	OR DIVORCI	RRIED, WIDOWED, ED (write the word) Agle	21. DATE OF DEATH April 21st, (Month) (Day)	, ₁₉₃ 3 . (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Single		22. HEREBY CERTIFY, That I attende May 28th, 19 31 to April 21		
6. DATE OF BIRTH (month, day, and year) Se	ptember	12. 1916			
7. AGE Years Months 16 7	Days 9	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 8 . 25 P. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, profession, or particular	. 1		were as follows:	Date of onset	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Schoolg	irl	Chronic Endocarditis	Un-	
kind of work done, as SPINNER, Schoolgirl SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this excursion (month and a control of the con			(Mitral)	known	
10 Date deceased last worked at this occupation (month and year)	11. Total	time (years) Un- ent in this known			
12. BIRTHPLACE (city or town) Balti (State or country) Maryl	more		Other Contributory Causes of importance:		
	anu		Pulmonary tuberculosis.	April 1931	
13. NAME John Butro 14. BIRTHPLACE (city or town) Unkn			Name of operation No operation Date of		
(State of country) IUSI	<u> </u>		What test confirmed diagnosis? X=ray. Was there an		
置 15. MAIDEN NAME Josephin	e Tana		23. If death was due to external causes (VIOL ENCE) fill in also the following		
15. MAIDEN NAME JOSEPHIN 16. BIRTHPLACE (city or town) Unkn (State or country) Ital			Accident, suicide, or homicide?		
17. INFORMANT Jours A. M. (Address) Mt. Wilso	chuerk	oly	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.	
18. BURIAL, CREMATION, OR REMOVAL Place From Codeline	Date_Cup	il 20 19 23	Manner of injury		
19. UNDERTAKER Woudely	desp	pal	24. Was disease or injury in any way related to occupation of deceased? If so, specify	No	
20. FILED CAN 23 , 1933 5- 2	6 mes	Registrar.	(Signed) Suu Cl. Stuuth (Address) Mt. Wilson, Md.	M. D.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		103/	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENT	BY	PHYSICIAN
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infor stat UPA	1 PLACE OF DEATH	——————————————————————————————————————
tem of i	County Balloural Co.	Registration
item shot of 0	Village or City / Journal Cual	No. death occurred in a hospital or institution, give its NAMI
ry i	Length of residence in city or town where death occurred 35 yrsmos.	
Every CIANS ement	2. FULL NAME Wick olis Byer	
KD. 1 YSIC state	(a) Residence: No. 2/2 alle phony and	St Ward.
Justice P	(Usual place of abode)	If nonresident
RECO . PH Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE
N	1. SEX 1. COLOR OR RACE OR DIVORCED (write the word) Cyarical	21. DATE OF DEATH
PERMANENT EXACTLY Iy classified.	5a. If married, widowed, or divorced HU3BAND of	
MA A ass	(or) WIFE of auckleg. a. Byer	Tel. 22 70 19 33 to
EX EX ly cl	6. DATE OF BIRTH (month, day, and year) Sept. 152 186/	flast saw ham alive on April 5
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at _6.2
IS A I stated properlifica	/2 6 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and clated cause were as follows:
he she le	8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Coronary Mroms
TH ald l	- I M SAWIER, DOURNEEFER, EIC.	
10 8 00	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
□ m → 0	Sport in this	
NG L AGE that ions o	year) occupation occupation	Other Contributory Causes of importance ?
E se	12. BIRTHPLACE (city or town) (Stata or country)	arlino a clirosio
supplied. AGI terms, so that ee instructions	# 13. NAME Lother Byar	Interdition The
0 1 2 e	14. BIRTHPUACE (city or town). Green Busing	Name of oparation
TO	(State of Country)	What test confirmed diagnosis? Rysucae
carefully CH in pla ortant.	15. MAIDEN NAME ON OF KAR OCCUR	23. If death was due to external causes (VIOLENCE) fill
INLY, WI be careful EATH in r important.	0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
H	(State or country)	Where did injury occur?(Specify city or
E PLAIN should be OF DEA	17. INFORMANT Quella , A. 84 ch. (Address) 21-allifleny and	Specify whether injury occurred in INDÚSTRY, in HO
E sh	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
-WRITE mation s CAUSE TION is	Place 10 allern 4 Cory Date Copie 8, 1983	Nature of injury
WRIT. CAUS TION	19. UNDERTAKER & Stry Duns Jours	24. Was disease or injury in any way related to occupa
B	(Address 612 4. Kvad / vyzyy	If so, specify
ż	20. FILED Ufaul 1, 19 39 Him Millar	(Signed) A week of which were (Address) Townson,
	The A regimen.	(1001003) {

STATE OF MARYLAND-CERTIFICATE OF DEATH Dist. No. E instead of street and number) _____yrs.____mos.____ds. give city or town and State OF DEATH (Year) OP m. es of importance l in also the following: Date of Injury _____, 19____ town, county and State) ME, or in PUBLIC PLACE.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			244

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03750
1. PLACE OF DEATH	93-2
County Sulfmust	Registration Dist. No. 444
Village or City Col Mul Lox 3 1	No. White the Mard St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	
2 FILL NAME Glorgy arthur Jours Cal	ldwill
(a) Residence: No. 20 West Point Rd	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Work May Kyly	I HEREBY CERTIEY. That I attended deceased from
C DATE OF PURPLY COURSE OF THE STATE OF THE	t last saw harmy alive on april 11 p , 19 33; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11.30 [_m.
1 day,hrs.	THE REPORT OF PARTY CHAPTER OF THE PERTY CHAPTER OF
8 Trade profession or particular	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.	Throme Algewaline myocon, is I y
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	4.40
SAW MILL, BANK, etc	1 Lety 0 Sylvania
this occupation (month and 4 7 spent in this year)	
Was him Way	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	deute tradition of hear
II 13. NAME MUKUSWW	
14. BIRTHPLACE (city or town)	Name of operation
(Stete or country)	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME 4	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
∑ (State pr. country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MOTH Part Rd. Coly the	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Determine Date And 15 , 1933	Nature of injury
19. UNDERTAKER John G. Connelly	24. Was disease er injury in any way related to occupation of deceased?
(Address) lessex Ind	If so, specify
20. FILEDass. 14 , 1933 John G. Connelly	(Signed) MY 7 V J J J J M J J J J M J J J M J J J M J J J M J J M J J M J J M
Registrar.	(Address)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Cerebral hemorrhage			
			14
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

PHYSICIANS should state

Exact statement of OCCUPA-

V. S. No. 1

N. B.

STATE C	F MARYLAND—CERTIFICATE OF DEATH	03752
E DEATH	(A)	

1. PLACE OF DEATH	No.	93-0		4
County Dealter		~ · · · · · · · · · · · · · · ·	Registration Dist. No.	5
Village or City		No		
Length of residence in city of town where das	oth occurredyrs,mo	sas. How long in U.S. If of F	oreign birtil!yrs	mos
2. FULL NAME Mesley	d)enman	15-		
(a) Residence: No.		St., Ward.	16	10
PERSONAL AND STATISTIC	(Usual place of abode)	MEDICAL CE	If nonresident give city or RTIFICATE OF DE	
	S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	/	
male lol	OR DIVORCED (write the word)	Lym	\mathcal{L} (Month) (Day)	, 193 <u>3</u> (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	Dennarlo	/ X /	CERTIFY, That I	// 7
5. DATE OF BIRTH (month, day, and year)	1879	I last saw h . V alive on	sort 20	, 19 3 3 ; death is sa
7. AGE Years Months	Days If LESS then	to have occurred on the date stated		
316 -	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	and related causes of import	Date of onse
8. Trede, profession, or particular kind of work done, as SPINNER.	70			
SAWYER, BOOKKEEPER, etc.	about	mocaro	list	for 6 mon
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc		1 De	complnia	ion
10. Date deceased last worked at	11. Total time (years)			
this occupation (month and year)	spent in this occupation			
12. BIRTHPLACE (city or town)(State or country)	md	Other Contributory Causes of imports	ance:	
13. NAME				
14. BIRTHPLACE (city or town)		Name of operation		
(State or country)	A	What test confirmed diagnosis?		
15. MAIDEN NAME	Kun	23. If deeth was due to external cause		
16. BIRTHPLACE (city or town)		Accident, suicide, or homicida?	Date of Inju	ry, 19
(State or country)	rd	Where did injury occur?		
17. INFORMANT Jula 2	lumant	Specify whether injury occurred in I	(Specify city or town, coun NDUSTRY, in HOME, or in P	ty and Stale) UBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	at my	Manner of Injury		
Place MA cechen Be	Date 4 - 24, 1933			
19. UNDERTAKER	ston)	24. Was diseasa or injury in any way		
11 116 89	Ja - da - 00	(Signed)	sil Safle	4

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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S. No.

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MALO O ADDITIONAL SPACE FOR PORTHER STATEMENTS BY PHYSICIAN	
My Duff had orew Treated by DY Deholf 202011, Charles	22.1
My Duff had been irroled by Dy Deholf 2020M. Charles	9.
I to outhoristion of date of drith Con a la	
see letter filed under Dr. Bowen & Corours.	~

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Gallstones	May 1,1923	Gastroenteritis	1 year
			5

	/ S	TATE OF	MAR	YLAND-	CERTIFICAT	TE OF DEATH	03755
7	. PLACE OF DEA	TH			(23)		
	County Bal	timore t. Wilson		ČI (Mt. Wils	Registration Distriction Branch Mo. Losis Sanatorium or institution, give its NAME instead of	nst. Ward
	Length of residence in c	ity or town where deat	h occurred	O yrs. 3 mos	23 ds. How long in	J. S. if of foreign birth?yrs	ds.
2	. FULL NAME	Loretto					
	(a) Residence: No.	1101 N.		e St.	St., Ward.	Baltimore, Mo	town and State
	PERSONAL AN	D STATISTICA	L PARTI	CULARS	MEDIC	AL CERTIFICATE OF DE	ATH
		or or race 5.	SINGLE, MAR OR DIVORCE Sing	RIED, WIDOWED. D (write the word)	21. DATE OF DEA	April lst	, 193 3
5a.	If married, widowed, or diventional HUSBAND of (or) WIFE of	Singl	е		22. IHER December 9t	EBY CERTIFY, That I	attended deceased from
6. I	DATE OF BIRTH (month, da	v and year) Jul	v 3rd.	1906		on April 1st.	
7. /	AGE Years	Months	Days	If LESS than	to have occurred on the da	ste stated above, at 1.05 P.m.	, 202
	26	8	29	I day,hrs.	The PRINCIPAL CAUSE O	F DEATH and related causes of import	Date of onset
OCCUPATION	8. Trade, profession, or pkind of work done, SAWYER, BOOKKEI 9. Industry or business in work was done, as SAW MILL, BANK, 10. Date deceased last wo	, as SPINNER, No EPER, etc In which SILK MILL, etc	one	ime (years)	Pulmonary	tuberculosis	June 1928
0	this occupation (mo	nth and	spei	ntin this			
12	BIRTHPLACE (city or town)	Richmon	i		Other Contributory Causes	of importance:	
14.	(State or country)	Virgini			Intestinal	tuberculosis	May 1932
ER	13. NAME Willi	lam Enrigh	ht			tuberculosis	Jan.1933
FATHER	14. BIRTHPLACE (city or to	Richmon Virgin			Name of operation_NO		Date of
2	15. MAIDEN NAME	Mammie Se		- 0000000		Cilli were found that causes (VIOLENCE) fill in also the	
MOTHER	16. BIRTHPLACE (city or to (State or country)	Richm	ond			ide? Date of inju	ry, 19
	(Address) Mt	. Wilson,		ly	Specify whether injury occ	(Specify city or town, count urred in INDUSTRY, in HOME, or in P	y and State) UBLIC PLACE.
18.	BURIAL, CREMATION, OR F		Date Ofre	l 5, 1933	Manner of injury Nature of injury		•••••••
19.	UNDERTAKER Joh (Address) 715	A.F. DE	nn	<i>y</i>	24. Was disease or injury li	way related to occupation of dec	eased? NO
20.	FILED 4 3	1933 1. 8	J. 3.	Registrar.	(Signed) (Address)	Mt. Wilson, Ma	Щ м. р.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
		La Control	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1 TAKESANINI SIK SASARAN SASARAN			
	1		

MARGIN RESERVED FOR BINDING

V. S. No.

	PLACE OF DEATH County Balto	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
	Village or City Overlea (No. 10. 2FULL NAME Mary Com Flamm	4 Works and Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED Single (Write the word)	16 DATE OF DEATH April 2/- , 1933 (Month) (Day) (Year)
	November 11th, 1867 (Month) (Day), (Year)	that I last saw h W alive on Africa 21 , 1923,
	7 AGE 65 yrs. 5 mos. 6 ds. or min.?	and that death occurred on the date stated above, at
	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yre mos S de.
	9 BIRTHPLACE (State or country) 10 NAME OF Baltismore	Contributory Secondary (Duration) 3 yrs mos ds. (Signed) and to Gillio M. D.
	FATHER JESSELLE Harmes II BIRTHPLACE OF FATHER (State or country) Freland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal.
	12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	Accidental, Sulcidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents or Recent Residents)
4	OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
	(Informant) Lyis Hary flarines (Address) 10440 verled ave	Former or usual residence
	Filed 4/23 1933 D. A. Fritz, M. D. Registrar	20 UNDERTAKER LONG Schilling Hors Misquillet 15 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	II WALL MINITE OF WARREN WHILE WERE WELLEN	

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseer," etc., without more record anine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. whatever, write Nonc. Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"Uraemia, 10 ds. Never report mere symptoms or terminal condi (secondary or intercurrent) affection need not Whooping cough; approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, "" "Weakness," etc., when a definite disease Chronic valvular heart disease; Example: Measles (disease etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions snawered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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(Address) _.

Registrar.

(Year)

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BUREAU W. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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Chronic interstitial nephritis BUR II	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
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BINDI

MARGIN RESERVED

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastrocnteritis May 1,1923 1 year

MARGIN RESERVED FOR B

V. S. No. 1

	PLACE OF DEATH		STATE OF	MARYLAND
1	County 13 alt	96	CERTIFICATI	E OF DEATH
A			Registration	Dist No 3
	Village or City and allower (No. Ca	1100	Kal.	•
	Village or City Mallotown (No. Oa	mpfield	SEL Ward	a nospital or institu-
	Herry VI &	1 = A/2 /2.		tion, give its NAME is stead of street and
	2FULL NAME OF CHUNY. 11.	Saprace)	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	CAL CERTIFICATE	OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	16 DATE OF DEATH	ah.	yth m
4	Mals. WILL OR DIVORCED	8	ym	1923
	(Write the word)		1/	(Year)
	6 DATE OF BIRTH	HEREBY		tended the deceased from
	aug. 17 185	RUNTOUNDS	1923 . to U	192
	(Mgnth) (Day) (Year)	that I last saw h	Medive on	7 (1929).
	7 AGE If LESS than	and that death occur	rred on the date state	d above, at 4 A m.
	So I day hrs.	The GAUSE OF DEA	TH * was as follows:	
	O yrsds. ormin.?	Conce	e anei	irism
1	B OCCUPATION (a) Trade, profession or	12	whenred	
4	particular kind of work		2	
1	(b) General nature of industry business, or establishment in		7	P
3	which employed er (employer)	***************************************	(Duration)	yrs mos ds.
	9 BIRTHPLACE De	Contributory	non	2
	(State or country) TErmany.	Secondary	(Duranian)	
	10 NAME OF 1	1/000	GE Se ma m	yrsmosds.
	FATHER HERRY. TEMPLE	(Signed)	7	M. D.
	0 11 BIRTHPLACE	Upr 10. 15	(Address)	January 34
	CState or country) Samuary.	*State the I	isease Causing Death,	or, in deaths from njury and (2) Whether
-	W 12 MAIDEN NAMED A TAM	Accidental, Suicidal	or Homicidal.	ijuly and (a) Whether
	of MOTHER MONEY Cour Coff			itals, Institutions, Trans-
	13 BIRTHPLACE	ients or Recent Re	In the	
	(State or country)	of death yrs		iteyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE	Where was disease cont if not at place of dea	racted, —	(
	1. Ila of General	Former or	_	
	(Informati) Sugsbuis y Home Decord	testal residence	L OD DEVOYED	
	(Address Casup feeld / a.	I heladelt	olia. Ja	4-10 4 1933
	15 4/9/192 An h Bullet	20 UNDERTAKER		ADDRESS
	Filed 7/17/5/192 7/1/1/192 Registrar	Man Chance	9. Rola 12	2327
	If more hanks are needed, addre a tate Registrar	16 W. Saratona St	Balto. Requesting V.	S No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (o) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stotionary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, etc., Foreman, For many occupations a Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia. single word or term on 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, taken. For VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaenna," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if inpossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonta (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as for malignant neoplasms); Example: Measles (disease affection etc. The contributory valvular heart Nomenclature need not be Measles; disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDI

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH (1376)
1. PLACE OF DEATH	(165)
County Dalfinge	Registration Dist. No.
Village or City Washington Sh	death occurred is a hospital or institution, give its NAME instead of street and number)
Length of rasidance in city or town whara death occurred 9 yrsmos.	
2. FULL NAME Victor V Kierie	nski
(a) Residence: No. Washington Bl	wat. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male white single	(Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
2/ 2	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and yaar) April 1, 1910	I last saw h; daath is said
7. AGE Yaars Months Days If LESS than I day,	to have occurred on the date stated above, atm.
73 - 19 or min.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	J. J. J.
SAWYER, BOOKKEEPER, etc.	Mangulation
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at / // 11. Total time (yaara)	My sanging
this occupation (month and 3/1/33) spent in this 7/1/1/	f f
12 BIRTING ACT (situations) Bolting no mit	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town).	
13. NAME Simon Gierienski-	
13. NAME Sumon Degreenshi	Nama of operation Data of Data
(Stata or country) Whymana	What test confirmed diagnosis?
15. MAIDEN NAME Victoria Tourskin	23. If daath was dua to external causes (VIOLENCE) fill In also tha following:
15. MAIDEN NAME Victoria Joursky 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Sacicade Oate of Injury 4/10., 19.3.3
State or country) / Myana	Whare did injury occur? Baltim one Dounty
17. INFORMANT Marie Smith	(Specify city or town, county and State) Spacify whather injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE
(Address) Elkandor Ma,	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Jouden Jan Data 4 12, 1933	Nature of Injury
19. UNDERTAKER Chas. B. Kaskauskis & Son	24. Was disease or injury in any way related to occupation of decaased?
(Addiss) 637 S. Paca St Balto	If so, specify
20. FILE Spul 11. 1952 91 Marked Son	(Signed) John In James M. M.
Resistrar.	(Agdrass) coronel
If more blanks are needed address State Registrar	245 N. Charles Street Baltimore Properties 71 S. No

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis		1916	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis		1921	Run over by street car	1 week ago		
Cerebral hemorrhage	BUREAU	July 5,1927	Peritonitis	3 days ago		
Other contributory ca	allses of importance.		Other contributory causes of importance:			
	duses of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

• Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURRAU Y.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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STATE OF	MARYLAND—CERTIFICATE OF DEATH	03762
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1.	PLACE OF	F DEATH				<u> </u>
	County	Baltimor	e			Registration Dist. No. 43
	Village or C	,	lertor wn where de	ath occurred	(If	No. 112 Linhigh Ave. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. ds.
2.	FULL NA	ME In	fant c	of James	J. and Edn	a C. Glenn
		ce: No. 112				
	PERSON	AL AND ST	ATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. S	EX Female	4. COLOR OR I		5. SINGLE, MARI OR DIVORCEI	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH April 27 (Month) (Day) (Year)
5a.	If married, widow HUSBANO of (or) WIFE of	ed, or divorced		•		22. HEREBY CERTIFY, That I ettended deceased from, 19, to, 19
6. D	ATE OF BIRTH	(month, day, and ye	ear) Ann	il 27. 1	.933	I last saw h; death is said
7. A			Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 3:30pem. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Fullerton, (State or country) Maryland			on, aryland	nt in this	Asphyxia in utero due to pro-lapsed cord occuring during delivery Other Contributory Causes of Importance:	
HEF	13. NAME	James_J				
FATHER		(city or town)				Name of operation Oate of Oate of
02	15. MAIOEN NA			vland Ditschle	er e	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill In also the following:
MOTHER	16. BIRTHPLACE	(city or town)	Bal	timore Ma r ÿlar		Accident, suicide, or homicide?
	(Address)	James J Fulle	rton,	nn Md.	A 0 -	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18.	Place Place	CON, OR REMOVA	Buy	Date - 4	128 ,1933	Mahner of injury
	UNOERTAKER (Address)	Fred. 28, 1933	Las.	L. Fra	Messon. Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) ALMILIAN M.D. (Address) ADDRESS B715 B1817, No. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	as follows:	1915	Attack of epilepsy	1 week ago	
Chronie interstitial neg	ohritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	***************************************	July 5, 1927	Peritonitis	3 days ago	
	BURGAU V.S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County SAMO -	Registration Dist. No. 40
Village or City on Silver	No. St., Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
	6.
2. FULL NAME Stell Buth of Induces of	& Cabrishna a. Gomeringer
(a) Residence: No. Old. Ballo - Road (Usual place of abode)	Mard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (fronth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. / I HEREBY CERTIFX That I attended deceased from
(or) WIFE of	2. /16/11/9 133 10 april 19 1933
6. DATE OF BIRTH (month, day, and year) Spiel 19 1933	Hast kaw har alia deas april 19 1933; death is sald
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above atm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	17.00
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Shudustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Suc 1010th
9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spant in this	
o this occupation (month and spent in this occupation occupation	Other Contributory Causes of Importance;
12, BIRTHPLACE (city or town) Balto. &o. (State or country)	Office Contributory Causes of Intiportance.
E B. Oto dall	Name of operation Date of Date
4 14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
± 4.	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town). (State or country)	Where did injury occur?
17. INFORMANT Trederich Foregringer Traller	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Old Balto. Road Harford Go.	
18. BURIAL, CREMATION, OR REMOVAL Place a benefit formating Date April 20: 1933	Manner of injury
Place a benefit Cometry Date affil 20 1933	Nature of injury
19. UNDERTAKER Lely + Jules I'me. (Address) 403 10. Original St., Balto-clu	24. Was disease or Mury in any way related to occupation of deceased?
20. FILED 4/19 135 / Palles Marament	(Signed) HUM TANNULLY M. D. (Ardress) Bulding
If more blanks are needed, address State Registrar	24.11 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. 9	. 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year
	-4		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S No. 1.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1933	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUKEAU V. S.	July 5,1927	Peritonitis	3 days ago
The second secon			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN	
						-

BINGI

	PLACE OF DEATH
1	County / Sallinore
	lage or City Catousville (No. 9
Vil	lage or City (alousoull) (No.
	2FULL NAME Charles
	PERSONAL AND STATISTICAL PARTICULARS
3 8	Hale White the word)
6 [DATE OF BIRTH
	(Month) (Day) (Year)
7 4	If LESS that day hrs. / day hrs. or min.
1	a) Trade, profession or
p	particular kind of work Aandscaye
b	which employed or (employer) Retired
-	(State or country) Baltimore Con Ald
	10 NAME OF Sebastian Graher
TS	11 BIRTHPLACE OF FATHER
ENTS	(State or country) Sermany 12 MAIDEN NAME
PAR	OF MOTHER Junpround
8	13 BIRTHPLACE OF MOTHER
1	(State or country) / Clemany . *
14	(Informant) Sha Sarah Shaber
	(Address) & Made Hoe
15	Filed 4/13 1923 Al audien

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in Ward) a hospital or institution, give Its NAME Innumber.)

MEDICAL CERTIFICATE-OF DEATH

16 DATE OF DEATH

I HEREBY CERTIFY, That I attended the deceased from

and that death occured on the date stated above, at ..

The CAUSE OF DEATH * was as follows:

Contributory Secondary

Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place In the Stateytsmes. Where was disease contracted,

if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

ADDRESS

2700 ROMANDSON AVE

If more blanks are needed, address State Registrar, 16 W. Saratoga Ster Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,'" (Foreman," "Manager," 'Deal-Spinner, cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many Physician, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons enetc., Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer (b) Cotton mill; (a). Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material -Coal minc, etc. Womnot gainfully em-6 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menincitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Johan meumonia. Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Messles; inges, peritonacum, etc., Carcinoma, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, ean be ascertained as the cause. Always qualify all approved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, cough; Committee Chronic Example: Measles (disease on Nomenclature valvular heart disease; affection etc. The contributory " "Convulsions, need not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

TION is very important. See instructions on back of

OCCUPA-

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Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

6.	0	ut.	13	-
U	3	6	J	0

1. PLACE OF DEATH			93-0	0.00
County Baltimore			Registration Dist. No. 30	
Village or City Catonsvil Length of residence in city or town where or		(1i 1_yrs, 6mos	No. St., If death occurred in a horbital or institution, give its NAME instead of street and no second second in the long in U.S. it of toreign birth?	Ward umber)
2. FULL NAME Harraret	W. Gra	77		
(a) Residence: No. 525 S.		Ave.	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Female White		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH April (Month) (Day)	193_3(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late John H.			22. HEREBY CERTIFY, That I attended d	leceased from
6. DATE OF BIRTH (month, day, and year)	c. 3, 1	856.	I last saw has alive on office of ,1933	; death is said
7. AGE Years Months 7.6 4	Days 3	It LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	Date of onset
Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Charles Lotz 14. BIRTHPLACE (city or town)	/ spe	ime (years) int in this u pation	Other Contributory Couses of Importance: Cuelral Hemonlage Name of operation. Date of	69
15. MAIDEN NAME 16. BIRTHPLACE (city or town) German (State or country) 17. INFORMANT George A. Grand (Address) 25 S. Fullo	ny		What test confirmed diagnosis? Was there an at 23. It death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did Injury occur? (Specify city or town, county and State Specity whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	, 19
18. BURIAL, CREMATION, OR REMOVAL Place Pestern Centy 19. UNDERTAKER Tarry T (Address) 4101 Romands	Date Apr	11.8,,19.55	Manner of Injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Markall B Wark	n. D.
20. FILED	viusa all	Registrar.	(Address) Ostounille ma	

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Example I		Example II	215
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis	1921	Run over by strect car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
13 Ex 180			
Other contributory eduses of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City Town Me (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred 2 yrs mos. ds. How long in U.S. if of foreign birth? yrs mos. ds. 2. FULL NAME (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m Widower 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I ettended deceased from (or) WIPFoof , 19 3 , to April 18 19 33 1864 Hast saw him elive on Amail 17 1933: death is said 6. DATE OF BIRTH (month, day, and year) 7. AGE Days Months If LESS than to have occurred on the date stated above, at ___ 12:15 Am 1 day-hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Oate of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.____ 3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation ___ 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis? _ Clime MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?_____ Date of injury______ 19____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE, (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE NOIL Nature of injury_ 24. Was disease or injury in any way related to occupation of deceased? If so, specify ____ Clevell Howell

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Address) 315 E Jona Rd I wan Mel

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
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WITH UNFADING INK-THIS IS A PERMANENT RE carefully supplied. AGE should be stated EXACTLY. ESERVED

HEALTH DEPARTMENT—CITY OF **BALTIMORE**

re r	Spool 2 22 20 Mail Total Das.	County
sta Sta	HEALTH DEPARTMENT	—GITY OF BALTIMORE USIST
125		
ID. Every item of YSICIANS shoul statement of OC	1-PLACE OF DEATH Constitution of Mailway CHEV OF BALTIMORE: (No. 7100 Railway 2-FULL NAME May Tobarho	instead of street and number.)
E T		ST., WARD
E XX	(Usual place of abode) Length of residence in city or town where death occurred yrs. mos.	(If non-resident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
K S		
E L	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
IANENT EXACT classified es.	3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Diyorced, (write the word)	16 DATE OF DEATH (month, day, and year) 4/17/33 19
AAN EX las	Male Write Married	17
2 2	52 If married, widowed, or divorced	I HEREBY CERTIFY, That I attended deceased from
A PERI e stated properly certifical	HUSBAND of Josephine Harris	, 19, to, 19,
st st rop	A P	that I last saw halive on, 19, 19
S be	6 DATE OF BIRTH (month, day, and year) April 19, 1893	and that death occurred, on the date stated above, at
S bed	7 AGE Years Months Days If LESS than 1 day	The CAUSE OF DEATH* was as follows:
THI houl may back	29 11 26 ormin.	Ciccidental Mechanical
S		Suddocation from Steams
AGE hat it ns on	8 OCCUPATION OF DECEASED	all Junes Frank Still
Ah	(a) Trade, profession or particular kind of work	
So. L.	(b) General nature of industry,	(duration)yrsmosds.
DI lied ls, tru	business, or establishment in which employed (or employer)	(Secondary)
NFA suppli term e inst	(c) Name of employer	(duration) yrs, mos, ds.
Sis	0 0	18 Where was disease contracted if not at place of death?
H U	9 BIRTHPLACE (city or town) (State or country)	
IT efu		Did an operation precede death? Date of
War i	10 NAME OF FATHER Unlo.	Was there an autopsy?
H. E. S.	11 BIRTHPLACE OF FATHER (city or town)	What test confirmed diagnosis?
	Z (State or country) Joland	(Signed) Andruck blakann, M.D.
PLA shoul OF D	12 MAIDEN NAME OF MOTHER Unb.	, 19 (Address) Dennelalk, Mile
on short	13 BIRTHPLACE OF MOTHER (city or town) (State or country)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
RAY0	14 Harres	19 PLACE OF BURIAL, CREMATION OR RE- DATE OF BURIAL
PEOF	(Address) 21 20 Free Leven Bett	Sacred Heart of Many 4/21-133
B	15 March 19 15 March 19 15	20 UNDERTAKER ADDRESS
Z.	Filed HJU/303 MMCatracan	no le gara
	Registrar	of of coming way

REVISED UNITH STATES STANDARD CERTIFICATE OF DEATH.

[Approved by U. S. Census and American Public Health Asso.]

laborer, Laborer-Coal mine, etc. Women at home of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, es-For persons who have no occupation whatever may be indicated thus: Farmer (retired, 6 yrs.). ning of illness. If retired from business, that fact DISEASE CAUSING DEATH, state occupation at beginpersons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation ployed, as At school or At home. Care should be taken to report specifically the occupations of work, or At home, and children, not gainfully emnite salary) may be entered as Housewife, Houseonly (not paid Housekeepers who receive a dcfiwho are engaged in the duties of the household factory. The material worked on may form part ment; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile an additional line is provided for the latter statenature of the business or industry, and therefore word or term on the first line will be sufficient, irrespective of age. For many occupations a single The question applies to each and every person, healthfulness of various pursuits can be known. occupation is very important, so that the relative has been changed or given up on account of the to know (a) the kind of work and also (b) the pecially industrial employments, it is necessary Statement of Occupation.—Precise statement of

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Broncho-pneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of......(name origin;

Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," cte., when a definite disease ean be cough, Chronic valvular heart disease; Chronic "Cancer" is less definite; a less of "Tumor" for malignant neoplasms); Meastes; Whooping statement of cause of death approved by Com-OF INJURY and qualify as ACCIDENTAL, SUICIDAL, was undertaken. For violent deaths state means tis," etc. State eause for which surgical operation as "Puerperal septicemia," "Puerperal peritoni eases resulting from child birth or miscarriage, ascertained as the eause. Always qualify all disgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Conondary or intercurrent) interstitial nephritis, etc. "Cancer" is less definite; Association.) mittee on Nomenclature of the American Medical drowning; Struck by railway train-accident; to determine definitely. Examples: Accidental HOMICIDAL, or as probably such, if impossible affection need not The contributory (see-



S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RHEEAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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or- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA.	1. PLACE OF DEATH	(159)
n of jourd	County Osathymus	Registration Dist. No.
item of should of OCC	Village or City Sulherutt	No. St., Wa death occurred in a hospital or institution, give its NAME instead of street and number)
NS NS	Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmos
Erry rxicians statement	2. FULL NAME	Karelland
tat	(a) Residence: No.	St., Ward.
RECORD PHYS Exact sta	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
REC F Xac	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
LY.	male ulule OR DIVORCED ("write the word)	Month) 3 (Year)
MAN'EN A C T assified	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended decaased for
MA MA	(or) WIFE of Surefu	alme 28, 1933, to april 28, 193
BIN EX EX y cla	6. DATE OF BIRTH (month, day, and year) april 28 -33	I last say have alive on Office Z \$, 19.33 ; death is s
FOR B. IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.
FOR IS A F stated properly ertifica	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
70	8. Trade, profassion, or particular kind of work dona, as SPINNER, Trem cutes, lake	Rough
FHIS d be	SAWYER, BOOKKEEPER, etc.	Standing Ozna Ch
RVI Ould may back	kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	4 1/2 000 20///
RESERVED G INK—THE GGE should be that it may be one on back of		1 / G wan say
REN VG I AGE that	year) occupation	Other Contributory Causes of importance:
Fig. 1 miles	12. BIRTHPLACE (city or town) Juliania (State or country)	
MARGIN UNFADI supplied. n terms, se	13. NAME Michael Harry Haulare	
D to a	14. BIRTHPLACE (city or town)	Name of operation Novo Date of
S a v	(State or country)	What test confirmed diagnosis? Was there an autopsy?
WIJ full n pl	15. MAIDEN NAME Marrie Colgate Parks.	23. If death was dua to external causes (VIOL ENCE) fill in also tha following:
INLY, W) be carefu EATH in 1	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
INDY, be ca EATH import	State or country)	Where did injury occur? (Specify city or town, county and State)
A B A N	17. INFORMANT MAS IN HE Haulland (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
F-1 70	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Whome Date Gue ZG., 19.33	Nature of injury
WRITH mation SCAUSE TION is	19. UNDERTAKER W. C. Burly	24. Was disease or injury in any way related to occupation of deceased?
N K	(Address) Speile Weg	If so, specify
% Z	20. FILED Wheel 29, 19.33 B. Beusen	(Signed) OS
P PH	D. D. D.	(Address) ACF IO Las A A FAIR TO

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerasis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Registing V. S. No. 1.

MARGIN RESERVED

S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

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	Example 11			
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:		

19. UNDERTAKER

(Address)

FOR BINDI

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (3770)
1. PLACE OF DEATH	212-9)
County Baltimore	Registration Dist. No. 7 35
Village or City White Hall	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME John Elwood J	isles
(a) Residence: No. 1 Herefore of abode	Strated Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (purite the word) Male Ulute One of the word)	21. DATE OF DEATH (Day) (Year)
5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of Grande Yiela Hicks	22. HEREBY CERTIFY, That I attandad deceased from
6. DATE OF BIRTH (month, day, and year) Sept 1 1901	
7. AGE Yaars Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm, The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacaased last worked at 11. Total time (yaars) this occupation (month and	Broker lack accidentaly constructed
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	fred ingme
10. Date dacaased last worked at this occupation (month and year)	1
12. BIRTHPLACE (city or town) Balts G well - (State or country)	Other Contributory Causes of importance:
13. NAME John - S. Hicks	
13. NAME 14. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
The table of table o	- What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If daath was dua to axtarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT My John D. Hecky (Address) Mendelon Med -	Where did injury occur? (Specify city or town, county and Stale) Specify whathar injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa Cedas Growth Onto Capail 9, 19-33	Manner of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

if so, specify (Signed).

24. Was disease or injury in any way related to occupation of dacaased?

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis (b)	1 year
		18 3 1	

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FOR

RESERVED

MARGIN

S. No.

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County_ Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred How long In U.S. if of foreign birth?_. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 6 (Day) (Yeer) 5a. If merried, widowed, or divorced HUSBAND of Thet I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, dev. and year) 7. AGE Yeers Days If LESS than Months to have occurred on the dete steted above, at I day,hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importence or min. were as follows: Date of onset 8. Trede, profession, or perticular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... OCCUPAT back 9: Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc ... O. Dete deceesed lest worked at 11. Totel time (years) this occupation (month end spent in this occupetion ... Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis?_____ Was there en eutopsy?____ HER 15. MAIDEN NAME 23. If death wes due to external causes (VIOLENCE) fill in also the following: MOT Accident, suicide, or homicide?______ Date of Injury______ 19. 16. BIRTHPLACE (city or town (State or country) Where did injury occur?... (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18, BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE TION 24. Was disease or injury In any way releted to occupetion of deceased? 19. UNDERTAKER (Address) If so, specify ...

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

state OCCUPA

plnods

of

CAUS TION

Woodingsling.	Name of operation	Date of
my is	What test confirmed diagnosis?	Was there an eutopsy?
pality b. Allyer	23. If death was due to external causes (VIOLEN Accident, suicide, or homicide?	
tire trus mid.	Specify whether injury occurred in INDUSTRY,	
dge Date April 27, 1933	Manner of injury	
story md.	24. Was disease or injury in any wey related to	
3 St. M. Sood Registrar.	(Signed) St. M. Sla (Address) Peur Level.	M. [
If more blanks are needed, address State Registrar, :	2411 N. Charles Street, Baltimore, Requesting V. S	S. No. 1.

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9.14The industry or business in which the work was done. JUDITE AC MOI

10.—The month and year the deceased last worked at the occupation along the deceased followed the occupation do your so

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med beath stating the industry of business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I .. Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows tanget of importance were as follows the importance were as foll of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nophritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago 1 Meter Date f Was thorn as Other contributory causes of importance: Other contributory causes of importance: e, or bomicide? Gallstones Mau 1.1923 Gastroenteritis 1 year Specify city or town, county and State)

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

24. Was disease or Injury In any way related to occupation of deceased		000 m 10 m 11 d 1
If so, soenify		
(Signer		F#E+++++
· · · · · · · · · · · · · · · · · · ·	Restrict	

Si. . . , de State Reguirar, 2411 N. Charles Street, a. . , h. goutie . . S. co. 1

AND ASSESSMENT OF ASSESSMENT OF THE PARTY OF

Rigis

DEATH

V. S. No. 1

1. PLACE OF DEATH	41	-	(94°a)	3
D-	ww		Registrat	ion Dist. No.
Village or City Call	mphilli	0	No. 9 (Od Mond Son) (Q death occurred in a hospital or institution, give its No.	oge loosy,
Langth of rasidance in city or tow	n where daath occurred		death occurred in a hospital or institution, give he in	
2. FULL NAME	+ bus h	. Chan	2 4 001 /	
06	(4) I	of To		
(a) Residence: No. 4	(Usual place	of abode)	St., Ward.	dent give city or town and State
PERSONAL AND ST	ATISTICAL PARTI	CULARS	MEDICAL CERTIFICA	
3. SEX 4. COLOR OR R	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH pril	8 14
5a. If married, widowed, or divorced	77	1	(Month)	(Day) (Ye
HUSBAND of (or) WIFE of	(Fall 1)	margus 1	22. I HEREBY CERT	
- Sun	Jen p	1 10-0	, 1932, to	19
6. DATE OF BIRTH (month, day, and year		4 1878	I last saw h alive on	19.33; daath
7. AGE Yaars Mo	onths Days	If LESS than I day,hrs.	to have occurred on the data stated above, at 15	/
77.	/0/	ormin.	The PRINCIPAL CAUSE OF DEATH and related were as follows:	Causes of Importance
8. Trada, profassion, or particular kind of work done, as SPIN SAWYER, BOOKKEEPER, atc.	NER, MI AMAN	51		
SAWYER, BOOKKEEPER, atc.	Co- sperated	7. L. F.	flu main	3000
9. Industry or business in which work was dona, as SILK MIL SAW MILL, BANK, etc	1. Gullo C	luc		
10. Date deceased last worked at this occupation month and	2. /2 2 11. Total t	ime (years)		
yaar) Mulli	1 22. occi	upation 943.		······································
12. BIRTHPLACE (city or town)	ont goney	Co.	Other Contributary Causes of importance:	×
(State or country)	la faula			
II 13. NAME John. S	. elngran	1/2		
14. BIRTHPLACE (city or town)	rantdowery	- Cg.	Nama of operation	Date of
(State or country)	alabaia		What test confirmad diagnosis?	Was thara an autopsy?
15. MAIDEN NAME	Bucklesta	tho	23. If death was due to external causes (VIOLENC	E) fill in also the following:
16. BIRTHPLACE (city or town)	ont gomen 1	100-	Accidant, suicide, or homicide?	Date of Injury, 19
∑ (Stata or country)	ala toders	U	Whara did injury occur?	ty or town, county and State)
17. INFORMANT/MARIAN (Addrass)	Juanis M	J.	Spacify whathar Injury occurred in INDUSTRY, in	HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	& Oh.	114 27	Manner of Injury	
Place 1000 Jaun	Select Date (100	. // ,197 2	Nature of injury	~~~~~
19 UNDERTAKER JOSEPL	12. OHE		24. Was disaase or injury in any way related to or	ccupation of deceased?
(Address) 1003 W.	Gala Shut	7	If so, spacify	
4/	201	-0	(Signad)	your
20 FILED 1 / G 19) a				

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MAY 3 1933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

HEALIH DEFARIMEN	I-CIT OF BALTIMORE 037,4			
1. PLACE OF DEATH Rosemont, Lands	TE OF DEATH Registered No. 42 Registered No. 42 (If death occurred in a hospital or institution, give its NAME instead			
	of street and number.)			
Length of residence in city or town where death occurredyrsds, How iong in U. S. If of foreign birth?yrsmosds				
2. FULL NAME Daby Janer				
(n) Paridon War Young				
(a) Residence: No. (Usuai place of abode)	St., Ward. (If non-resident give city or town and State)			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. Color or Race 5. Single, Married, Widowed,	21. DATE OF DEATH (month, day, year) () 22 , 1933			
or Divorced (write the word)	21. DATE OF DEATH (month, day, year) 125. 22, 1 HEREBY CERTIFY, That I nttended deceased from			
5a. If married, widowed, or divorced	4/22/1933 to 4/22/33 19			
HUSBAND of Others	I last saw h. Ave on 4/2 /3 3 , 19 Death Is said			
(01) 11.11.201	to have occurred on the date stated above, at			
6. DATE OF BIRTH (month, day, year) 4/2 /3 3	The principal cause of death and related causes of			
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	importance were as follows: Date of onset			
8. Trade, profession, or particular kind of work done, as spinner,	1 11 d			
awyer, bookkeeper, etc	Summe.			
Industry or business in which work was done, as silk mill.				
saw mill, bank, etc				
this occupation (month and spent in this occupation	Other contributory causes of importance:			
10 DYDWYNY ACTO / 24-				
12. BIRTHPLACE (city or town)(State or country)				
13. NAME gral H. Jones				
H. Manne	Name of operation			
13. NAME Track tone V	What test confirmed diagnosis?Was there an autopsy?			
	23. If death was due to external causes (violence) fill in also the following:			
15. MAIDEN NAME Virginia C. Furgueson 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury, 19			
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?(Specify city or town county and State)			
e (State of Country)	(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public			
17. INFORMANT	place			
(Address)	Manner of injury			
18. BURIAL CREMATION, OR REMOVAL				
Pingle lener Date Date 120 130	Nature of injury			
19. UNDERTAKER / Stal Higher	24. Was disease or injury in any way related to occupation of deceased?			
(Address) har fund	If so, specify			
20. FILED along 2 4 19 33 Allos Ld	(Signed) Demony Terry M. D.			
Registrar.	(Address) 910 W Lowkard			

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Cerebral hemorrhage MAY 2 1923	July 5, 1927	Peritonitis	3 days ago
BUREAU VS			
Other contributory causes of importance:		Other contributory causes of importance:	
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BURRAU V.S.			
Other contributory causes of importance:	2	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE, OF DEATH	STATE OF MARYLAND
1 13011	CERTIFICATE OF DEATH
County () ()	(150)
n 1	Registration Dist. No. 4
Village or City Sallmon (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in the stand of street and of street and of street and str
	Jenier Jenier
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BERTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1933. tn A M. O., 1623 that I last snw have shire on Alf 9 " 1923
7 AGE (If LESS than	and that death occurred on the date stated above, atmm
I day hrs.	The CAUSE OF DEATH * was ns follows:
yrs. mos. ds. or win.?	f f
(a) Trade, profession or	Crimaline mil
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration)yrsmosds
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary (Purify)
10 NAME OF WALLOW &	(Signed) (Signed) (Signed) MANAGE M. D. M. D.
FATHER Shop 10 Singum	4/6 1963 3(Address) Ital Morin
OF FATHER (State or country)	Against Abo Ligano Causing Dooth or in deaths from
Z (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME/ SQUESTE SMEAR OF MOTHER STOWN SERVING	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
Mate & Sank	Former or usual residence
(Informant) MWM J () WWW	19 PHACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Baldman	Wilson Com 4/6, 33
Filed 4/5 1933 Mallas Registras	MONDERTAKER ADDRESS BALLOWN
If more banks are needed, addre s Ltate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

The s/12/33 under

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from g. ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Cool mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an tle first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Piysician, Compositor, Architect, report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day Locomotive engineer,

Statement of Cause of Death—Name, first, the prisbase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> as fracture of skull, and consequences (c. g., sepsis, iglanus) may be stated under the head of "contributory." Recommendations on statement of cause of death American Medical Association.) approved by Committee on Nomenclature of the "(Ethaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "Ethaustion," "Heart failure," "Haemorrhage, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicidc. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL scplicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-ChronicExample: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state, CAUSE OF DEATH in plain terms so that it may be properly chasilied. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING AINLY, WITH UNFADING INK-THIS IS A P. WRITE

V. S. No. 1

	PLACE OF DEATH County Balto	STATE OF MARYLAND CERTIFICATE OF DEATH
- Care	Village or City English Control C	Registration Dist. No. 42 (If death occurred in a hospital or institution, give its NAME instead of number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE MARRIED, WIDOWED, OR DATE OF BIRTH 6 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
5	april - , 1866.	hu 10 1933.00 apr 30 ,1933.
	7 AGE (Month) (Day) (Year) 7 AGE If LESS than I day hrs. hrs. ds. or min.	and that death occurred on the date stated above, at
	(a) Trade, profession or particular kind of work	acute augun Pecton's
	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Cla Myrcarditio
1000	10 NAME OF FATHER OUT KNOW	(Signed) Q, G, Utorratura M. D. 5/7 1933 (Address) 733 august SX
	OF FATHER (State or country) Nout / Luceur	*State the Disease Causing Death, of in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Susan Criess	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE FEST OF MY KNOWLEDGE	At place of death yrs. mos ds. In the State yrs. mos ds. Where was disease contracted, if not at place of death?
	X 12 12	Former or usual residence
	(Address) Caulry & July 1833	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL S/3, 193-3. 20 UNDERTAKER ADDRESS
	Filed Man 2 193 3 4 May Feet Strar	Edward Locelon 2359 Wash Bla
-	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the Spinner, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) without more precise specification as Day (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tetanus) may be stated under the head of "contributory." carbolic acid—probably suicide. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bro chopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Committee on Nomenclature of the Chronic Example: Measles (disease The n ture of the injury, etc. valvular heart disease; The contributory not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DE
	1. PLACE OF DEATH	164)
should f OCC	County Baltimore County	Registrat
shou of O	Village or City Jowson	No. f death occurred in a hospital or institution, give its N.
NS nt	1/	ds. How long In U.S. iI oI loreign birth
Every CIANS ement	2. FULL NAME L. HA Klein	
RD. YSI	(a) Residence: No. Wordbure arel (Usual place of abode)	St.,Ward.
PH FH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICA
NT RE LY.	3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) The sex of the sex of the word)	21. DATE OF DEATH april
C T C I	5a. If married, widowed, or divorced & Klein	22. I HEREBY CERT
CXE F	01-11651070	, to.
PE I E	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
IS A PE stated E properly certificate	5 4 6 mts 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related were as follows:
HIS be be left	8. Trade, profession, or particular kind of work done, as SPINNER Florist SAWYER, BOOKKEEPER, etc.	Sunde
Y A T B A	9. Industry or business in which work was done, as SILK MILL, Self SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	Suhaled Gas.
INK INK E sh t it	10. Date deceased last worked et this occupation (month and year) spent in this occupation	
NFADING II NFADING II oplied. AGE erms, so that instructions o	12. BIRTHPLACE (city or town) Baltimore Bity	Other Contributory Causes of Importance:
UNFADI UNFADI pplied. terms, se	(State or country) (State or country) (State or country)	-
Sul D	14. BIRTHPLACE (city of town) Baltimore Gity	Name of operation
WITH fully in plair nt. So nt.	(State of Country)	What test confirmed diagnosis?
F &	15. MAIOEN NAME Clysleth of our 16. BIRTHPLACE (city or town Germany) (State or country)	23. If death was due to external causes (VIOL ENC
E PLAINLY, should be ca OF DEATH	17. INFORMANT Barbar & Klain	Where did injury occur?(Specify cit Specify whether Injury occurred in INDUSTRY, in
F 67 .22	18. BURIAL, CREMATION, OR REMOVAL	Manner ol injury
	Place Louison Cark Date april 6, 1933	Nature of injury
WRI matior CAUS	19. UNDERTAKER John Burns Jons (Address) Tourson Address	24. Was disease or Injury In any way related to or
ei,	20. FILED Chief 4 1983 Min / Butte	(Signed) Williams
z	Registrar.	(Address) / MAI

STATE C	OF MARY	LAND-	CERTIFICATE OF DEATH 03	160
EATH	0		(64)	0
ltimore	Cour	My	Registration Dist. No.	8
Towson		0	NoSt	Ward
in city or town where	death popured 2	(lf	death occurred in a hospital or institution, give its NAME instead of street and i	number)
4. 41	K Opin	Jyis	m)sds.
W.11 H	1 cer	Tree		
o. Word	(Usual place o		St., Ward. If nonresident give city or town and	State
AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
White	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH of (Month) (Day)	, 193 3
bar E. Kl	Person-			(7001)
			22. I HEREBY CERTIFY, That I attended	
, day, and year) e	CE 21805	1878	I last saw h alive on	
Months	Days	If LESS than	to have occurred on the date stated above, at	, acath to said
6 mil	12	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
or particular one, as SPINNER KEEPER, etc.	10. 5.40		Sucide	Date of onset
	corist		- A	-
ss in which as SILK MILL,	ell		Suhaled Gas.	
worked et	11. Total tin	ne (years)		
(month and	11. Total tin spent occup	in this etion		
Rollin	none la	iti	Other Contributory Causes of Importance:	
		1		
ry Kle	in.			
or town) Balt	more &	Lety	Name of operation Dete of	
y)	4		What test confirmed diagnosis? Was there en e	
lyslets	R of el	1	23. If death was due to external causes (VIOLENCE) fill in also the following	
or town 40-A	war.		Accident, suicide, or homicide? Date of injury	
(y) DE	and a		Where did injury occur?	
star 6	Klain	•	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE.
R REMOVAL	ul			
lon Park	e Date afre	l. 6, 1933	Manner ol injury	
10	1.0	1	Nature of injury	
mous	nogov		24. Was disease or Injury In any way related to occupation of deceased?	1
wion of	pm /2/2		Il so, specify	rough
, 19.83 L	w/. Du	Registrar.	(Signed) Williams & Siller Co.	LIM. TO
		Acgistrat.	(noulcoo)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important-diseases or injuries. Examples:

Example I	in the state of th	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis		
Gallstones S A TO I SdV	May 1,1828	Ousuvenue, uto	1 year	

B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be enrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state MARGIN RESERVED FOR BIND

V. S. No. 1

ż

of OCCUPA-

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

STATE OF MARYLAND—	CERTIFICATE OF DEATH (14428
1. PLACE OF DEATH	<u> </u>
County Ballimer	Registration Dist. No.
Village or City Julherulle 09 51	No. St., Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long ip U.S. If of foreign birth?yrsmosds.
2. FULL NAME Elm aleth Kl	melellet
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemal 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
6. If married, widowed, or divorced HU3BAND of (or) WIFE of Wooh Klinefeller	22. I HEREBY CERTIFY, That I ettended deceesed from
6. DATE OF BIRTH (month, day, end year) July 2 1840	I last saw h en alive on affine 12 A , 1933; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at
92 92 9 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(al Cinoma 9 men 193
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	
1) 10 Date despeed last worked at	J
this occupation (month and spent in this occupation is occupation	Other Contributory Causes of impostance:
12. BIRTHPLACE (city or town)	Sending
(State or country)	
T 13. NAME WALLEY	,
14. BIRTHPLACE (city or town). (State or country)	Name of operation
	What test confirmed diagnosis? Wes there an autopsy?
H	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
Mas les V Caplet	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT TWA SELD CONTROLL	
18. BURIAL, CREMATION, DR REMOVAL	Menner of injury
Place Carrolls Centrey Date Copul 18, 19.33	Nature of injury
19. UNDERTAKER C Brokes + Son	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Sparked may	If so, specify
20. FILED OF THE 1933 3 3 13 13 14 Registrat.	(Signed) 3 03 Creby sulte mel
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	-CERTIFICATE OF DEATH
Courte Belleman	Registration Dist. No.
Village or City Jeffer	No. St., Ward [f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	sds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME MOULD JEMM	10M
(a) Residence: No. (Usual place of abode)	St., Ward. Pronresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Mogrit) (Magrit) (Magrit) (Vaar)
5a. If married, widowed, or divorced HUSBAND of	22. A I HEREBY CERTIFY, That I attanded decased from
(or) WIFE of	Jan 28 1933, 10 april 29 1930
6. DATE OF BIRTH (month, day, and year)	i tast saw han alive on of the 128, 1933; death is said
7. AGE Years Months Oays If LESS than 1 day,	to have occurred on the date stated above, at
ormin.	wera as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	arterio cterosis 141
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and spent in this	ante montherenes
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME	
14. BIRTHPLACE (city or town)	Nama of operation Oata of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME WAShing	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of injury, 19
Colored Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Ly as While	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place alm Home Cenuly Date of Me 30 , 19 3.	Nature of injury
19. UNOERTAKER UC (Swottes) (Address) Sparks the	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO CYMLE 3 4,1933 B Beurn MX. Registrar.	(Signed) 3 3 Bensue M. C. (Address) evenusulae ma
If more blanks are seeded, kiddress Sate Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

le L PIVE	ED	Example II		
nd related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
N. A. C.	1915	Attack of epilepsy	1 week ago	
	1921	Run over by street car	1 week ago	
BURLEO	July 5, 1927	Peritonitis	3 days ago	
nportance:		Other contributory causes of importance:		
	May 1,1923	Gastroenteritis	1 year	
	nd related causes	1915 1915 1921 July 5, 1927 nportance:	The principal cause of death and related causes of importance were as follows: Attack of cpilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

f. PHYSICIANS should state Exact statement of OCCUPA. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BIND! TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 037	1 2 27
1. PLACE OF DEATH	92-0	
County / Sallunge	Registration Dist. No. 3 /	
Village or City Francisco.	NoSt.,	Ward
	f death occurred in a horpital or institution, give its NAME instead of street and au sds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Mary a. Looke		
(a) Residence: No. Surveying CVE	St., Ward.	
(Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
LEWISLE 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH	193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended de	
1 DATE OF PURTY 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- and about 1	, 19. 3
6. DATE OF BIRTH (month, day, and reach). 7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at. 7	death is seid
80 3 / O of	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	
8 Trade profession or particular	- WOIG 63 TOHONS.	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Calhing	Pacs
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		,
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesed last worke at this occupetion (month and yeer) yeer) 11. Totel time (years) spent in this occupetion.		
12. BIRTHPLACE (city of Joseph	Other Contributory Causes of importance:	1 mes
(State or country) // any love	(Mrone & Cudocarditie	- Congression
13. MAME atuel Looly		70
13. NAME TO THE LOCAL STATE OF THE STATE OF	Neme of operation	
(State of country)	Whet test confirmed diegnosis? Wes there en eu	topsy?_20
15. MAIDEN MAME 1 16. BIRTHPLACE (city or town)	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Date of injury	19
17. INFORMANT P.S. P. H. Murray (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE	DE,
18. BURIAL, CREMATION, PRIREMOVAL	Manner of injury	7
Plece D. elf Musics Date 4. 4. 19 33		
19. UNDERTAKER Sector Sound (Address)	24. Was disease or Injury In any way releted to occupation of deceased?	wo
20. FILED 4/2, 19.33 1/28 Def	(Signed) Harry + Shiple	M. D.
Registrar. If more blanks are needed, address State Revisioner	(Address) Payer Payer T. S. No.	rg

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1915 1921	The principal car of importance we Attack of epilepsy Run over by street of	ere as follows:	Date of onset 1 week ago 1 week ago
1921			
	Run over by street c	ar	1 areel ago
15 1007			1 week ago
90,1021	Peritonitis	[[[(\ \ \) () 33	3 days ago
		GENESERI	
	Other contributor	ry causes of importance:	
y 1,1923	Gastroenteritis		1 year
	y 5,1927 y 1,1923	Other contributo	Other contributory causes of importance:

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95-0
County Baltimore	Registration Dist. No. 4.3
Village or City Fullerton	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mrsds,
2. FULL NAME Mary Lusby	
(a) Residence: No. 7510 Belair Road	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female White WILOW (write the word)	(flonth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Benjamin F. Lusby	22. NIHEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Aug. 30, 1858	I last saw har alive on april 14. 1933; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at Q m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, None SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAMEJAMES J. Cifford	Chronic Myorarblis da. 1433 Artenel Hypertineson Sufferiore Cyclical arterilones surface Right Homography Torp-32 Other Controllery Causes of importance:
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME DOWNES 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT Wm • Woodfin Lusby (Address) 18. Park Ave •	23. If death was due to axternal causas (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Loud on The Page 4/18/33, 19	Manner of Injury
19. UNDERTAKER (Address) 20. FILED 17. 1933 D File Registrar. If more blanks are needed, address State Registrar.	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) (Address FOID Fund Hunt 1 24.11 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
2 2					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
12					

STATE OF MARYLAND—CERTIFICATE OF DEATH Every item of infor-OCCUPA-1. PLACE OF DEATH bluods Registration Dist. No. County -_St.,. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS ds. How long in U.S. if of foreign birth? vrs. mos. ds. Length of residence in city or town where death occurred ement ORD. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OWED 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Davs If LESS than to have occurred on the date stated above, at 6 The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Date of onset 8. Trade, profession, or particular CUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ 9. Industry or business in which may work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this that occupation_ instructions 12. BIRTHPLACE (city or town) (State or country) supplied terms, ATHER 13. NAME 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis? 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: car MOT Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) DEATH impor (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. very should OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury -WRITE CAUSE mation Nature of injury MOIL 24. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar. (Address) If more blanks are noded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis Cerebral hemorrhage	1921 July 5, 1927	Run over by street car Peritonitis	1 week ago 3 days ago
Colora vicino mago	, wy 0,1001		o aago ayo
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF

FOR BINDI

MARGIN RESERVED

V. S. No. 1 B ż

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Baltinease	Registration Dist. No. 4
Village or City & endalk	ND. 63 Oderwal Rockest, Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sclattie ME	saker
(a) Residence: No. 63 Aduural Boul	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorged HUSBAND of (or) WIFE of New Esther & Married Ray .	22. I HEREBY CERTIFY. That I attended deceased from 10, 1933 to april 20, 1933
6. DATE OF BIRTH (month, day, and year)	Ringsaw h alive on Upsal 18
7. AGE Years Months Days If LESS than I day,hrs. ormin.	to have occurred on the date stated above, et
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which	Cerebral Thrombons 3-10-3:
work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and year) spent in this occupation.	Other Coatributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country) (State or country)	arterio-Selevosos 1925
13. NAME CICHOLOGIA / CAROS 14. BIRTHPLACE (city or town)	District Control of the Control of t
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Chryslel Was there en autopsy? W
15. MAIDEN NAME Ely about Oxan Rin 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Mes Esther M = Ga hey (Address) b 3 Odumal Bayle	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Place Cak dawn Date 022, 19.3	Menner of injury
19. UNDERTAKE John Willrich (Address) 200 & Orlland	24. Wes disease or injury in any way related to occupation of deceased? 200
20. FILED 4/2-073, 3 Demleasen Registrar.	(Signed) MNTells M. D. (Address) Sundolfs Fred

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	V 4000	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

20

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	PLACE OF DEATH. County Baltman	(3)
1	Village or City Cocleyalle (No.	<i>O</i>
	2FULL NAME Trans Valuele	Millan
Į	PERSONAL AND STATISTICAL PARTICULARS	MEDICA
	Male Ulate SSINGLE, MARRIED, WIDOWED. OR DIVORCED GRAVED (Write the word)	16 DATE OF DEATH
	6 DATE OF BIRTH	17 RIC HEREBY
	Month) (Day) (Year)	that I last saw h
	7 AGE If LESS than I day hrs. or min.?	and that death occurr
1 1	(a) Trade, profession or particular kind of work	Inter
10	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory .=
	9 BIRTHPLACE (State or country) Maryland	Secondary A
	10 NAME OF FATHER Hugh McManus	(Signed) R. M.
	STATHER (State or country)	*State the Di Violent Causes, sta Accidental, Sulcidal
	of Mother Budget Kirky	18 LENGTH OF RES
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsm Where was disease contrif not at place of death
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
	(Informant) Mus Mae Owers	19 PLACE OF BURIA
	(Address)	Tarkw
	Filed April 2 to 1923 150 Prusay M. D. Registrar	WM.

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and St.: Ward) number.) L CERTIFICATE OF DEATH (Year) (Day) was as follows:

(Duration)

(Address) iscase Causing Death, or, in ate (1) Means of Injury and or Homicidal. deaths from (2) Whether

Hospitals, Institutions, Trans-SIDENCE (For sidents)

In the os.ds. racted,

OR REMOVAL

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The questired b yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Housenwid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Mandger," "Dealr," etc., Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Salesman. (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Enhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drops;", "Exhaustion," "Heart failure," "Hacmorrhage, stated unless important. Example: Measles (disease tctanus) may be stated under the head of "contributory." State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Aceidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi peritonaeum, etc., Careinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJULY resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid Chronic etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example II

Zaumpie 1				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilmitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

/	-CERTIFICATE OF DEATH 03782
1. PLACE OF DEATH	164
County Sallinor	Registration Dist. No.
Village or City Calousville	ND. St., (If death occurred in a hospital or institution, give its NAME instead of street and number)
	os. / S as. How long In U.S. if of foreign birth?yrsmos.
2. FULL NAME / Nett J. ///	chaux
(a) Residence: No. 8 Clay to Pluce (Usual place of abode)	St., Ward. St. If nonresident give city or town and Stay
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE OR DIVORCED (variet ine word) 5a. 11 married, widowad, or divorced HUSBAND of	21. DATE OF DEATH April 25 (Day) (Year
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased
0 1 2 1000	A 19 to 19 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw ham alive Well al affile 25 , 1920; death is
7. AGE Years Months Days If LESS than 1 day, hr	to have occurred on the date stated abova, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, Sullesman	ash, autod
9 Industry or business in which work was done, as SILK MILE Part Mar asses	o from a gas Heater
U 10. Date deceased last worked at this occupation manh and spent in this	
year) occupation	Other Coatributory Casses of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Drett S. Michaux	,
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or county)	What test confirmed diagnosis?
15. MAIDEN NAME LEVE TERRIES.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BirthPLACE (city or town)	Accident, suicide, or homicide? Suicide. Date of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT 11 55 Tutte 3. Koull	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. PURIAL CREMATION OR REMOVAL.	Manner of Injury
Piace New York City My Date Copy 7 6, 193.	Nature of injury Lowe
19. UNDERTAKER Eastery Sons	24. Was disease or injury in any way related to occupation of deceased?
20, FILED 4/1/4, 1933 Del Sus Bra	(Signed) Marshall Bloom
Registrar.	(Address) (A CAMPAN DOL - MARCH

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Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	WAY 3 1933	July 5, 1927	Peritonitis	3 days ago	
	BURROW W. S.			72	
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

should state

STATE O	F MAR	LAND-	CERTIF	FICATE	OF	DEATH
				The same of the sa		

6.	63	2-07	(63
11.7	. 1	6	10	3
U	2.7		1	0

1. PLACE OF DEATH	82-0
County Baltman	Registration Dist. No. 70 39
Village or City Mendeton 6.0	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Williams & Mu	ales
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH A S (Day) (Year) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 4 ! HEREBY CERTIFY. That I attended daceased from 1983, to 4-28-1983
6. DATE OF BIRTH (month, day, and year) Capul 10 1861	I last saw h alive on A - 2 E, 19.33; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
7~ - 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	1 A
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Cerebral Amountage
- 1 this occupation (month and	
yaar) occupation	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Geo. mules	
14. BIRTHPLACE (city or town) May L	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Susan Carling	23. If death was due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFDRMANT Jeo Mules (Addrass) Mundet ned	Specify whether injury occurred in INDÚSTRY, in HDME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, DR SEMDVAL	Manner of injury
Place Wesley Date May 1,1933	Nature of injury
19. UNDERTAKER War C Brooks Africa	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED afril 24 1933 Strangin OHOCal	(Signed) / 1/ Jhumanley M. D.
20. FILED.	(Address) & Sachs and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
		(SEE AM)	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEA County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years 8. Trade, profession, or particular kind of work done, as SPINNER, NO SAWYER, BOOKKEEPER, etc. OCCUPAT 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.____ 10. Dato deceased last worked at this occupation (month and (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or (State or country) MOTHER 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) (Address) 18. BURIAL, CREMATION OR REMOVAL 19. UNDERTAKER (Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		JOSEPH STATES	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	N
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		agatabasi	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	MEDICAL		lent give city or tow TE OF DEA	
			TE OF DEA	1 11
21. DAT	E OF DEATH	afric	(Day)	, 193.3 '(Year)
mas	I HEREE	1933.	FY That I at	ended deceased fro
I last saw h	alive on_	agrif	19	🕹 💪; death is sa
to have occ	curred on the date st	aded above, at 2.	16/1, m.	
The PRINC	IPAL CAUSE OF DE	EATH and related	auses of importance	,
			~	Date of onse
Ca	remo	mato	Istmas	& Rue-
		·····		
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Other Cont	ributory Causes of in	mportance:		

Name of op	aratian &		D-4	e of
•	ontirmed diagnosis?		Was the	re an autopsy?>
What test o	ommuna anagmount.			
What test c	was due to external	causes (VIDL ENCI) fill in also the fo	llowing:
What test c				llowing:, 19
What test c	was due to external		Date of injury	
What test of 23. If death of Accident, so Where did	was due to external uicide, or homicide?	(Specify cit	Date of injury	
What test of 23. If death of Accident, so Where did	was due to external uicide, or homicide?	(Specify cit	Date of injury	
What test c 23. If death Accident, s Where did is Specify who	was due to external uicide, or homicide? injury occur?e ether Injury occurred	(Specify cit	Date of injury	
What test of 23. If death of Accident, so Where did	was due to external uicide, or homicide? injury occur?e ether Injury occurred	(Specify cit	Date of injury	
What test c 23. If death Accident, s Where did is Specify who	was due to external uicide, or homicide? injury occur?	(Specify cit	Date of injury	
What test of 23. If death of Accident, so Where did it Specify who Manner of Nature of it	was due to external uicide, or homicide? injury occur?	(Specify cit 1 in INDUSTRY, in	Date of injury y or town, county a HOME, er in PUBL	nd State)
What test of 23. If death of Accident, so where did of Specify who manner of Nature of it 24. Was dise	was due to external uicide, or homicide? injury occur? ether Injury occurred injury njury	(Specify cit 1 in INDUSTRY, in	Date of injury y or town, county a HOME, er in PUBL	nd State)
What test of 23. If death of Accident, so Where did of Specify who Manner of Nature of it 24. Was dise If so, specify so, spec	was due to external uicide, or homicide? injury occurred ether Injury occurred injury njury pase or injury in any	(Specify cit 1 in INDUSTRY, in	Date of injury y or town, county a HOME, er in PUBL	nd State) IC PLACE. —
What test of 23. If death of Accident, so where did of Specify who manner of Nature of it 24. Was dise	was due to external uicide, or homicide? injury occurred ether Injury occurred injury njury pase or injury in any	(Specify cit 1 in INDUSTRY, in	Date of injury y or town, county a HOME, er in PUBL	nd State)

If more blanks are needed, address State Registr.

S. No.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•,	

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(Year)

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have occurred on the date stated above, at	
e PRINCIPAL CAUSE OF DEATH and related causes of importance	
	Date of onset
Carcinomaeg of	
a tomach	
to the territory of the second	
her Contributory Causes of importance:	
f	
Cachefia	
ime of operation. Love Date of	
nat test confirmed diagnosis? Y-sacq. Was there an a	ulopsy?
If death was due to external causes (VIOLENCE) fill in also the following	
cident, suicide, or homicide?Date of injury	19
here did injury occur?	
(Specify city or town, county and State ecify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA)
ectly whether mighty occurred in INDOSTRI, in ROME, of in POBLIC PLA	UE.
anner of injury	
sture of injury	
Was disease or injury in any way related to occupation of deceased?	
so, specify of and	
(Signed) affel	
(Address) Bueters loven n	Lal
N. Charles Street, Baltimore, Requesting U. S. No. 1.	
The Course Offices, Dutimore, Acquesting U. S. 140. 1.	

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BUREAU V.S.			
Other contributory causes of importance:	t to the last	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03738
1. PLACE OF DEATH	<u> </u>
County Ballo.	Registration Dist. No.
Village or City of parrows Form md	No. 1242 Halaway, M. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Safy SHOWSON	
(a) Residence: No. 1243 Halandy R	₫ St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF, RACE OR DEVORCED (prine the word) Thile OR DEVORCED (prine the word)	21. DATE OF DEATH April 8 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from ,19, to
6. DATE OF BIRTH (month, day, and year) (18-1933	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were to follows:
8 Trade profession or particular	Oate of onset
9 Industry or husiness in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	Ims
O 10. Date deceased last worked at this occupation (month and year) spent in this occupation occupation	
12. BIRTHPLACE (city or town) farrive Fond Ma (State or country)	Other Contributory Causes of Importance:
13, NAME Platter of Mouson	
13. NAME fally a. Mouzon 14. BIRTHPLACE (city or town) Jane (State or country)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Bringe Puckett	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Scringe Tuckett 16. BIRTHPLACE (city or town) Crangeville	Accident, suicide, or homicide? Date of injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT Hally of mouses (Address) Farrows Hond had	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of Injury
Place Backmon Oate Upril 2-1., 1933.	Nature of injury
19. UNDERTAKER Johns T Denney (Address) 7/5 Lis At	24. Was disease or injury in any way related to occupation of deceased?
20. FILED fr. 7 4 , 1933 G. A. Comick m. Registrai.	(Signed) A awsm of hazbry M.D. (Address) Affarrade bound M.A.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	BUREAU .	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	or importance:	May 1,1923		

If nonresident give city or town and State				
MEDICAL CERTIFICATE OF DEATH				
21. DATE OF DEATH (Month) 23, 193 (Year)				
1 HEREBY CERTIFY, That I attended deceased from 12,1931, to Cyr 22,1933				
I last saw her alive on april 22, 1933; death is said				
to have occurred on the date stated above, a 3.7579 m.				
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Oate of onset Oate of onset Oate of onset				
Urth Jeneral une Vantain.				
Other Contributory Causes of importance:				
Name of operation Date of What test confirmed diagnosis? The See Yimwas there an autopsy? DO				
23. If death was due to external causes (VIOLENCE) fill in also the following:				
Accident, suicide, or homicide?				
Manner of injury				
24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address) (Address)				
11 N. Charles Street, Baltimore, Requesting V. S. No. 1.				

If more blanks are needed, address flate Registrar, 2.

Registrar.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	OI MAKILAND	-CERTIFICATE OF DEATH
a d	non	Registration Dist. No. 3 4
Village or City White	House.	NoSt.,
Length of residence in city or town wh		If death occurred in a horpital or institution, give its NAME instead of street and number)
" 12 1	ere death occurred yis.	
2. FULL NAME July	lagror	CA Ward
(a) Residence: No.	(Usual place of abode)	St., Waré. If nonresident give city or town and State
PERSONAL AND STATI	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Ya
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	- /	22. I HEREBY CERTIFY. That I attended decease
	alw. 15-1933.	Cefw, 15 19 33, to Cefw 15, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months		to have pocurred on the date stated above, at
Stilllor	1 day,hrs	
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	,	asply x cation -
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc		
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.		V
10. Dato deceased last worked at this occupation (month and	11. Total time (years) spent in this	
year)	occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Hust	Formar.	
(Stata or country)	flund.	
= //		
14. BIRTHPLACE (city or town) (State or country)		Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Helen	mise Naylor	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME TO LONG 16. BIRTHPLACE (city or town)	entow.	Accident, suicide, or homicide? Date of injury, 19
E (Stata or country) Mas	egland.	Where did injury occur?
17. INFORMANT They Low	fre Naylor	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	0 1/2-11 2	Manner of injury
Place V/ Lewon V.W.	Date 4 16 , 193	Nature of injury
10 HUDERY LAWER TO A (1)	Miplon a	24. Was disease or injury in any way related to occupation of decaased?
19. UNDERTAKER CEACH (Address) Hamp	itelad wid	If so, specify

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU	V			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		4		

ENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. FOR BINDY WITH UNFADING INK-THIS IS A PERMA N. B.—WRITE PLANLY,

MARGIN RESERVED

/D = 0	F MARYLAND—	CERTIFICATE OF DEATH
County Rasput	rg Md	Registration Dist. No. 43
Village or City	Trace	NoSt., v
Length of residence in city or town where of		f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmos
(a) Residence. No. Elmon	(Usual place of abode) Bal	St., Ward. 11 nonresident give city or town and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word)	21. DATE OF DEATH (Month) (Day) (Year
HUSBAND of (or) WIFE of	novotry	22. I HEREBY CERTIFY. That I attended deceased april 16, 19 33, to april 214, 193
B. DATE OF BIRTH (month, day, and year)		I last saw h 2 alive on a faril 21 st, 19 32; death is
7. AGE 46 Years Months	Days If LESS than 1 day,hrs. 0rmin.	to have occurred on the date stated above, at
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	11. Total time (years) spent in this occupation	Acut Ingo en de la sido Al.
12. BIRTHPLACE (city or town) _ C365h	Slovaka	Dther Centributery Canses of importance:
13. NAME Conoly Jun	acep.	nephrity.
13. NAME (My) (14. BIRTHPLACE (city or town) (36.	ho Slowska	Name of operation Date of Date of
(State of country)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country)	hoSlovaha	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
7. INFORMANT Many Aren (Address) Elemont an	rel	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeem	Date April 2.5,33	Manner of injury
9. UNDERTAKER 2517 Hug	ida	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 4/22 , 19 33 5	A- Isely Registrar.	(Signed) When I Alberta (Address) 6409 Belais Ref.

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-11	3	6	1	4	
4.		_		-	

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration D	Pist. No. of
1	enolt. Soud st.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	MEDICAL CERTIFICATE O	F DEATH
-	16 DATE OF DEATH	cth 22
a	price	0 - , 19255
_	17 I HEREBY CERTIFY, That I atte	
8	april 5 1933. ap	ul 8 1933.
_	that I last saw h Amalive on aphl	8 1933,
n	and that death eccurred on the date stated	abeve, at 3 5 Am.
3.	The CAUSE OF DEATH * was as follows:	
-		
1	. 5 -	
	(Duration)	vrs. mos 3 ds.
-	Contributory antic Insul	isuncy
	Secondary (Duration)	- 1- 1
-	(Signed) AWT	eres M.D.
-	Maril 8 193 3(Address) & San	ndolk md
	*State the Disease Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	or, in deaths frim
_	18 LENGTH OF RESIDENCE (For Hospital	ls, Institutions, Trans-
	At place In the of deathyrsmosds. State.	yrsds.
-	Where was disease contracted, if not at place of death?	
	Former or usual residence	
	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
-	Christ Buth Cemestery	4-11, 1933
e	Mrs Chas a. S. Rohd E. 23	27 Edmondson
		The same of the sa

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write Nonc. household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, etc., report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Disease of USING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-spinal fener (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy." ("Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valvular heart Chronic interstitial nephritis, etc. The con Whooping "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condietc. The contributory "Dropsy," Measles; disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Examplé II Example I The principal cause of death and related Date of onset The principal cause of death and related Date of onset eauses of importance were as follows: causes of importance were as follows: 1 week ago 1915 Attack of epilepsy Arteriosclerosis 1 week ago 1921 Run over by street car Chronic interstitial nephritis 3 days ago July 5, 1927 Peritonitis Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: May 1, 1923 Gastroenteritis 1 wear Gallstones

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STATE OF MARTEAND	CLIVIII ICAIL OF DEATH
1. PLACE OF DEATH	97
County Ballinge	Registration Dist. No. 3/
Village or City Randallslones (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME/Vallace Jarrish	
(a) Residence: No. Caudallian (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBANO of	(Fighth) (Bay) (Tear)
(Or) WIFE-OF Marita Carrech	1933
6. DATE OF BIRTH (month, day, and year) May. 3, 1856	Plast saw h Malive on 4 6 , 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Rm.
77 • 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this ochropation (month and spent in this school of the company of	Cerebral arteriosoberos
10. Oate deceased last worked at this occupation (month and year) year) 17. Total time (years) spent in this occupation	Sevul Dennesda
12. BIRTHPLACE (city or town) Maryland (State or equintry)	Other Cantributary Causes of importance:
13. NAME Accel Corrol 14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME (Lux Junilyown) 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Marcha Jarrah (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL EREMATION, OR REMOVAL Place Date Office 9 , 19	Manner of injury
19. UNDERTAKER Helyusland Balle	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Ofro 8, 19 33 alket Machinie	(Signed) M. D. (Address) Randallston Ind
	M.O. L.O. David

STATE OF MADVI AND-CEPTIFICATE OF DEATH

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	CIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage:	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones	May 1,1923	Gostroenteritis	1 year	
			3 ,	

	SIAIL	JF MAK	YLAND-	CERTIFICATE OF DEATH	3796
1. PLACE OF I	DEATH			108	
County Ba	Ltimor			Registration Dist. No.	
Village or City_	Wo dlawn]		No. Windsor mill road St., death occurred in a horpital or institution, give its NAME instead of street and r	Wård
Length of residence	e in city or town where	death occurred 4		ds. How long in U.S. if of foreign birth?yrsm	
	A == + l= = = =	Lee Pe			
2. FULL NAME	mi adan	· Mill R			
(a) Residence:	No. WIIIdSOL	(Usual place		St., Ward. If nonresident give city or town and	State
PERSONAL	AND STATIST			MEDICAL CERTIFICATE OF DEATH	
male 4.	color or RACE	5. SINGLE, MAR OR DIVORCE Singl	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH April 9th 1933	., 193
a. If married, widowed,				(Month) (Day)	(Year)
HUSBANO of (or) WIFE of				22. HEREBY CERTIFY. That I attended	deceased from
	7.1	F . Ja . 7 F . 1 .	7.000	1920 9	الجمير المساء
DATE OF BIRTH (mor	itii, day, end year)	lato 15th		77 (15	P; death is said
7. AGE Years	Months	Days 25	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 11.1.10 m.PM. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
4	1 10	1 20	ormin.	were as follows:	Oate of onset
8. Trade, profession	done, as SPINNER, OKKEEPER, etc			P P P	0
9. Industry or husi	ness in which			Supar (Juliana	1-1/5
work was do SAW MILL, E	ne, as SILK MILL, BANK, etc				0/23
10. Date deceased la this occupation year)	on (month and	spet	ime (years) nt in this upation		-
DIDTIDI ACE (situa	Balti	more Co		Other Contributory Causes of importance:	- gire -
12. BIRTHPLACE (city or State or country)				Achs Man	1/
13. NAME C	Layton G F	Perry			1/3
14. BIRTHPLACE (ci	ty or town)Vir	ginia		Name of operation Oate of	
(State or cou	ntry)			What test confirmed diagnosis? Was there an a	autopsy 200
15. MAIOEN NAME		B Schis	sler	23. If death was due to external causes OIOL ENCE) fill in a the following	g:
16. BIRTHPLACE (cit	ty or town)	imore		Accident, suicide, or homicide? Date of injury	, 19
(State or con				Where did Injury occur?(Specify city or town, county and State	
7. NFORMANT CL (Address) WO	ayton G Pe odlawn	erry		Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION	, OR REMOVAL	a as	6 123	Manner of injury	
Place	0 /	Uate	, 19	Nature of injury	
19. UNDERTAKER	Then U	elaci		24. Was disease or injury in any way related to occupation of deceased?	
(Address)	1005	urle	and or	If so, specify her for	
20. FILED 741	3 , 19	Buyger	at-	(Signed)	0001
		6-1	Registrar.	(Address)	Te

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting S. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonijis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	E 6321 3
Gallstones	May 1,1923	Clasticenteritie	1 year
		The transfer of the second	***

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
			9. 1		

STATE OF MARYLAND—CERTIFICATE OF DEATH state item of infor-OCCUPA-1. PLACE OF DEATH plnods Registration Dist. No Village or City_ (2) Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS statement How long in U.S. if of foreign birth?_____yrs.____mos.____ds. Length of residence in city or town where death occurred RECORD. Every (a) Residence: No. (Lual place of abode) PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR 5. SINGLE, MARRIED, WIDOWED, classified 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of FOR BIND × M certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE If LESS than stated 1 day, _____hrs. min. 8. Trade, profession, or particular MARGIN RESERVED OCCUPATION kind of work dona, as SPINNER, of SAWYER, BOOKKEEPER, etc. may back 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc.____ 10.-Date deceased last worked at 11, Total time (years) instructions on spent in this 28 this occupation (month and that S 12. BIRTHPLACE (city or town (State or country) supplied. in plain terms, FATHER See 14. BIRTHPLACE (city or town) (State or country) mation should be carefully OTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) OF DEATH (Stata or country) very (Address) TION is CAUSE 19. UNDERTAKER (Address) B (Address) ____

St.,\(\mathcal{T}\)	Ward.	If nonresident	give city or town and	l State
	MEDICAL C		OF DEATH	
21. DATE	OF DEATH	April (Month)	3 (Day)	, 193 3 : (Yaar)
to have occur The PRINCIP were as follow	alive on alive on the date state AL CAUSE OF DEA's	ed above, at 41	4m.	deceased from 3., 19323; death is said
6		ortance:		14
	firmed diagnosis?		Date of Was there an	autopsy?
Accident, suic	lde, or homicide?	(Specify city or	Il in also the followin Date of injury town, county and Sto ME, er in PUBLIC PL	, 19
Manner of Inj				
24. Was diseas If so, specify (Signed)		vay related to occup	ation of deceased?	M. D.

Horston

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL SPACE FOR F	FURTHER STATEMENTS BY	PHISICIAN
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
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UNITED STATES STANDARD CERTIFICATE OF DEATH

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ADDITIONAL STA	L FUR	PURLIER	STATEMENTS	DI	LILIBIOIAL
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH #3800
1. PLACE OF DEATH	23
County Sollo	Registration Dist. No. 30
Village or City Coulley	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Halter I vac.	us.
(a) Residence: No. Bentley	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S. SEX S. SEX S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH april 24 1933 3 5 (Year)
5a. If married, widowed, or divorced Carrie & Rose - (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from april 12-, 1933, to april 24-, 1937
6. DATE OF BIRTH (month, day, end year) april 3-1865	I lost saw have alive on smil 2 , 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, et 4.4. Pm.
68 — 2/ 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER Jool was SPINNER Jool wakey.	acute Broncho Pneumonia: 018
Industry or business in which work was done, as SILK MILL,	the state of the s
10. Date deceased lest worked at this occupation (month end year) 10. Date deceased lest worked at this occupation (month end year)	
Krolting	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	- fig. g.
	1, surrelements
13. NAME Toekle Cost 14. BIRTHUACE (city or own)	Name of operation Date of
(State or country)	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Sarah Ebeworth	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Saral Elsy of the	Accident, suicide, or homlolde? Date of injury, 19
State or country)	Where did injury occur?
17, INFORMANT AND	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
poor part beautiful Date While V6, 1933	Nature of Injury
19. UNDERTAKER Paul N. Hartgusterus (Address)	24. Was disease or injury in any way releted to occupation of deceased?
(N. 11-02) 7 4 5	If so, specify (Signed) (Signed) M. D.
20. FILED 42 2 J, 19.33 COMMENT TO BESILTER.	(Address) new tyredam Pair
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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		- AVECE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN		
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1 40			
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MARGIN RESERVED

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	ADDITIONAL SPACE FOR FURTHER STATEMENTS I	BY PHYSICIAN
KH DIDE		1 1 1

state

1. PLACE OF DEATH

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis Chronic interstitial nephritis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are needed salters Star Registr

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U	U	U	V	1

		12-04)		000	JUT
			Regist	ration Dist. No.	31	0
(If dea	No	715 Edmon				
		How long in U.S.				
:17	.est.,	Warel.				
L.J., J.	.001.,	Water.	If none	esident give city	or town and	State
		MEDICAL	CERTIFIC	CATE OF D	EATH	
2	1. DAT	E OF DEAT	Н	00		
			April (Month)	(Uay		(Year)
2	Lun Jun	1 HEREI	BY CER 1932.	TIFY. That,	1 attended (28	tegeased from , 19 33 ; death is said
	to have oc	curred on the date :	stated above, at.	1.30A.m.		
3.	The PRING	CIPAL CAUSE OF D			ortance	
-	were as fo	mows:				Date of onset
		winsel				4 yours
	mil	hal us	ungula	.eha		agr.
						1922
	Other Con	tributory Causes of	importance:			
	Pu	lmona	~ 10	Lema		1/2
			-			hour
	Name ef o	peration			Oate of	
-	What test	confirmed diagnosis	s?	W	as there an a	utopsy?
2	3. If death	was due to externa	I causes (VIOLE	NCE) fill in also t	the following	:
	Accident,	suicide, or homicide	?	Date of in	jury	, 19
-	Where did	injury occur?	(Specify	city or town, col	unty and State	2)
	Specify w	hether injury occurr	ed In INDUSTR	r, in HOME, or in	PUBLIC PL	ACE.
- -	Manner of	injury				
3		injury				
						20
2		ease or injury In a	ny way related t	o occupation of d	eceased:	SA Therese
-	If so, spe-	11 8	ich he	accil	1.	
-	Coign	Greats F De		Road) Ca		
1r. 24	II N. Cha	rles Street, Baltimore				
-, -7	(.//		-, -, -, -, -, -, -,			

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10.—The month and year the deceased last worked at the occupation.

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Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER.	STATEMENTS	RY	PHYSICIAN
	DETTOR	T O TO	T CIVILITIE	DEVITABLE	JU A	THE STUDIAL

N. B.-WRITE PL.

1. PLACE O					
County	Balti	more,			
		odlawn		(I yrs,mos	No.6404 Windsor Mill Rd. St., Wa f death occurred in a hospital or institution, give its NAME instead of street and number) s. 3 ds. How long in U.S. if of foreign birth? yrs. mos.
2. FULL NA	ME_V	ictori	ne Delma	as Sipes	St., Ward. If nonresident give city or town and State
PERSON	NAL AND	STATIST	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
s. sex Female		OR RACE		RRIED, WIDOWED. D (write the word)	21. DATE OF DEATH April 4, 193 3. (Month) (Day) (Year)
5a. If married, widow HUSBAND of (or) WIFE of			Sipes		22. I HEREBY CERTIFY, That I attended deceased from 19
6. DATE OF BIRTH			April 12	2. 1850	I last saw h alive on
7. AGE Yes		Months	Days 23	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 12.40m.
Date decease this occurrence of the second o	ty or town)	ed at h and	imore,	ime (years) nt in this upation	She was taken with Other Contributor Causes Mimportanch to the Thomas Two
(State er cou		foir Co	rdshell	d	I forival, felix had
14. BIRTHPLACE			timore,	Md.	Name of operation to be the state of the sta
15. MAIDEN NA	ME Na	ncy Sm	ith		23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE	(city or town)Md			Accident, suicide, or homicide?
(Address)	258B.	lliam Westf	G.Sipes		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMAT			Date Apr	N.J.	Manner of injury
19. UNDERTAKER (Address)	John	J F. []	enny		24. Was disease or injury in any way related to occupation of deceased?
20. FILED ashi	8 5 V 10	30 00-	n. Bus	Ser	(Signed) Harraf Con Klastsede Covar

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Example I	il i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy S A AVEHOR	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis EEU. L. K. H.	3 days ago
LEADER LEADER STORY OF THE LEADER STORY		14	
		I WECEINED!	
Other contributory causes of importance:		Other contributory causes of importance:	100
Gallstones	May 1,1923	Gastroenteritis	1 year

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3
County Battimore	Registration Dist. No.
	ND. St., Ward Glf death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsm	osds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME QUILLE GOVENS	Sisson
(a) Residence: No. Jowann Ald	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male White OR DIVORCED (qurite the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. Charles 13 1033 to Charles 13 1033
0	13
6. DATE OF BIRTH (month, day, and year) (107. 13 - 1933	I last saw harmalive on All James, 19; death is sale
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	SML, I Jorni
Industry or business in which work was done, as SILK MILL, I talk Bonn.	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) courson dual	Impringent 2 Cord.
(State or country) Maryland	
13. NAME John William Juson	
14. BIRTHPLACE (city or town) Balto Bounty	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margarett arnold	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT JOHN W. & MASON	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address 104 Aprillow Cive Towson	
18. BURIAL, CREMATION, OR REMOVAL Dark Date Christ 3 193	Manner of injury
19. UNDERTAKER John Bruns Sons	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
(Address) Towson /	If so, specify
20. FILED affect 14, 19 33 West Butter	(Signed) 10-010-0 M. I
desc Registrar.	(Address) 5600 y whe Redu
If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1	a seed	•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDI

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 03	806
1. PLACE OF DEATH	93-0	-
County Baltimore	Registration Dist. No.	0
Village or City Woodlawn	ND. Wirdson Mill Pd Loracus West., If death occurred in a hospital or institution, give its NAME instead of street and nus	Ward
	graph occurred in a nospital of institution, give its IVAIVE, instead of street and hus one in U.S. if of foreign birth?	
2. FULL NAME Daniel Edward A.	meth	
(a) Residence: No. Windson Mill Rd. near	Corraine Que	
(Usual place of abode)	If nonresident give city or town and St	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) White Married.	21. DATE OF DEATH (Mogth) (Day)	193 <u>3</u> (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice M. Smith	22. I HEREBY CERTIFY, That I attended de	ceased from
6. DATE OF BIRTH (month, day, and year) Jeh, 19, 1898	I last saw han alive on apr/6 ,19.33;	death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
35 1 29 1 day, hrs	THE RINGE OF DEATH and related causes of importance	0.1
9 Trade profession or particular		Par 6/3
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Advantage of the state of	myoeasaws	
SAW MILL, BANK, etc. 1D. Date deceased lest worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) Batteriose Co-	Other Contributory Causes of importance:	acus 6/2
(State or country) M.A.	myorasdelis	184.7
II 13. NAME Daniel Amith		
13. NAME Land Anuk 14. BIRTHPLACE (city or town)	Name of operation Long Date of	
(State of country)	What test confirmed diagnosis? The Was there en aut	opsy? 140
15. MAIDEN NAME Mary 6. Kittles	23. If death was due to external causes (VIOLENCE) fill In also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)	
7. INFORMANT Mas Mary 6. Smith (Mother (Address) Woodlaston md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Lotraine ametery Date april 20, 1933	Nature of injury Nature of injury	
19. UNDERTAKER John A Lengy (Address) 715 Light H	24. Wes disease or Injury In any wey related to occupation of deceased?	4
20, FILED. LIP, 19 3 Registrar.	(Signed) (Address) 2-2-2-0 Harming	M.D.
If more bloods the greatest address State Registre	TATE N. Charles Street Relaimore Paquesting T. S. No	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 03/1909	3 days ago
		la l	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED

S. No.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	I week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		- BORINED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



HEALTH DEPARTMENT—CITY OF BALTIMORE 03808

CERTIFICAT	E OF DEATH
1. PLACE OF DEATH Fort Howard, Mr. Bal	Timos / Registered No. 4 4
CITY OF BALTIMORE: (No. 15 = Dirt	St., Ward) St., Ward) Shows (If death occurred in a hospital or institution, give list NAME instead of street and number.)
Length of residence in city or town where death occurredyrs	of street and number.) mosds. How long in U. S. If of foreign birth?yrs,mosds.
2. FULL NAME not nomed.	Snyder 15 & district
(a) Residence: No. (Usual place of abode)	St., Ward. (If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Racc 5. Single, Married, Widowed.	
Female White or Dvorced (write the word)	21. DATE OF DEATH (month, day, yenr) Course & . 19 22. I HEREBY CERTIFY, That I attended deceased from
5a. If married, widowed, or divorced	2 -a m, 4-6, 1933 to 3 a.m 4-4, 1933
HUSBAND of (or) WIFE of	I last saw he 1 alive on 4 - 8 1933 Death is said
c DATE ON PIDTH (to have occurred on the date stated above, at 5 m.
6. DATE OF BIRTH (month, day, year) April 8, 1933. 7. AGE Years Months Days If LESS than	The principal cause of death and related causes of
5 Was 15 Winners 1 day, Shrs.	Date of enset
8 Trade profession or particular	Tremating butter
kind of work done, as spinner, sawyer, bookkeeper, etc.	le 1/2 mouths
work was done, as silk mill,	
saw mili, bank, etc	
this occupation (month and spent in this occupation	Other contributory causes of importance:
12. BIRTHPLACE (city or town) Fort Howard, Md. (State or country) Seltimon 18 doctorist	
13. NAME Private George Snyder	
13. NAME Private George Snyder 14. BIRTHPLACE (city or town) Lansdale, Penn. (State or country)	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Tekla Frances Gross,	lowing: Accident, suicide, or homicide?Date of injury, 19
15. MAIDEN NAME Tekla Frances Gross, 16. BIRTHPLACE (city or town) 145 N. Luzerne, Ave (State or country) Baltimore, Maryland.	(Specify city or town, county, and State)
17. INFORMANT Fort Howard, Md.	Specify whether injury occurred in industry, in home, or in public
(Address) HWilliamson FT. Haward, ma	piace
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace twarty Chuelly Date 4/10 , 193	Nature of injury
19. UNDERTAKER Fendle G. Dijeple	24. Was disease or injury in any way related to occupation of decensed?
(Address) 300 St Edent 15.	If so, specify.
20. FILED Reput 9 19 33 John & Connelly	(Signed) M. D.
Registrar.	(Address) I Haward Und

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ag
Chronic interstitial nephritis	1921	Run over by street car	1 week ag
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S			
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

S	TATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH	61100
1. PLACE OF DEA	тн .				14404
County 2al	turs	٠,		Registration Dist. No.	
Village or City	rriso	mall	~	NoSt.,	Ward
Length of residence ig-ei	ty or town where	death occurred	(I) yrs,mos	f death occurred in a horpital or institution, give its NAME instead of street an sds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME	Lest	-08	le 1	la alman	
(a) Residence: No	Lanne		01.	St., Ward.	
(a) hesidence. Noy.		(Usual place	of abode)	If nonresident give city or town a	nd State
PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLO	R OR RACE		RIED, WIDOWED, D (wire the word)	21. DATE OF DEATH (Day)	, 193 3 (Year)
5a. If married, widowed, or dive HUSBANO of (or) WIFE of	rced	0		22. I HEREBY CERTIFY, That I attende	ed deceased from
6. DATE OF BIRTH (month, da	and year M	(av.).	1933	I last saw h alive on 19	death is said
7. AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or p kind of work done, SAWYER, BOOKKEE 9. Industry or business in work was done, as SAW MILL, BANK, 10. Date deceased last wo	which SILK MILL, etc	Zos	ormin.	were as follows: Stelltore.	Date of onset
this occupation (mo year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or to (State or country))	Harr Marr	spe	nt in this upation	Other Contributory Causes of Importance: Officialism force for the Contributory Causes of Importance: Name of operation Date of What test confirmed diagnosis? Was there as	
15. MAIDEN NAME 16. BIRTHPLACE (city or to (State or country) 17. INFORMANT (Address)	wn) Paus	Sfeal Callato	Day of	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC I	ing: , 19
18. BURIAL, CREMATION, OR I	REMOVAL	Date 4/	7/ 13,0	Manner of injury	
19. UNDERTAKER (Address), 20. FILED 7	1933 m	. g. B.	Registrar.	(Signed) Parties (Address) Randallstown	M. D.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of increased and a survey of full and the	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1/week ago
Chronic interstitial nephritis	1921	Run over by street car	I week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		10-11	
		7 64	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH (3809)
	1. PLACE OF DEATH	23 31
ould occi	County Ballimore	Registration Dist. No.
item of should of OCC	Village or City Woodlaw	No. 6 Dwyn lake Driver Ward
t w	Length of residence in city or town where death occurred 4 yrs, 6 mos	death occurred in a hospital institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds,
Every Stans ement	1 p no n	1 844:00.
. = +	2. FULL NAME James Coffield	X had my
35	(a) Residence: Not 6 Surfue (Usual place of abode)	Ward. If nonresident give city or town and State
PH PH xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
REX.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
E.T.	Male White married	(Month) (Day) (Yeer)
A C T assifted	5a. If married, widowed, or divorced HUSBAND of	22. IMEREBY CERTIFY. That I attended decessed from
A A assi	(ac) Mrs. Edua Spried	mark 27 133 to Obtile 7 1033
EXE.	6. DATE OF BIRTH (month, day, end yeer) May 20, 1881	I last sew h seedive on Office 7 1933 deeth is seld
IS A PE stated E properly certificate	7. AGE Yeers Months Days If LESS then	to have occurred on the date stated above, et 3.45
IS A F stated properl	51 10 18 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were es follows:
**	Z 8. Trade, profession, or particular	Date of onset
H		Pulmonary Juberculosis
should it may n back	9. Industry or business in which work wes done, es SILK MILL, Cafeteria SAW MILL, BANK, etc	about 5
INK. Sho	O ID. Date deceased last worked at	geass
es m	this occupation (month end yeer)	O ago
OING AGI se tha	12. BIRTHPLACE (city or town) / Edentan	Other Contributory Causes of Importance:
AD ed. S, S	(State or country) North Carolina	
UNFADING supplied. AGI 1 terms, so tha	13, NAME Joseph Sprull	
H U sup	14. BIRTHPLACE (city or town)	Neme of operation
_ > e	(Stete of country)	Whet test confirmed diegnosis: Wes there in autopsy?
WIT efull in pl	15. MAIDEN NAME CLARAGE	23. If deeth wes due to externel causes (VIOLENCE) fill In also the following:
4 3 A 12	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
INCA W be varefu EAUH in i	(Stete or country)	Where did injury occur? (Specify city or town, county and State)
	17, INFORMANT W. W. McCoy	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
40	(Address) 30 30 Mess & Salane Bichman	Manage of Indian
[+]	Plece Marchause, cur Dete Att 12/1/19 3	Menner of Injury
-WRITE mation s CAUSE TION is	John Whitehand Laco	24. Wes disease or Injury in eny way releted to occupation of deceased?
TESE	19. UNDERTAKER (Address)	If so, specify
B	(Q\$ 1064) m > B. Id	(Signed) Japhier H. Wringost M. D.
Z	20. FILED 1999 Registrar.	(Aftress) Woodland Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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U	0	0	1	U

92-0		
Registr	ation Dist. No. 33	
No. f death occurred in a hospital or institution, give its l s		
St., Ward.		
	sident give city or town	and State
MEDICAL CERTIFIC	ATE OF DEATH	1
21. DATE OF DEATH	1 1.5	
(Month)	(Day)	, 199_3
(Month)	(Day)	(Year)
22. I HEREBY CERT	FIFY, That I attend	ded deceased from
Oct 1932,	o Copone /	19.33
I last saw have alive on alive on	Office / 6	3; death is said
to have occurred on the date stated above, at		
The PRINCIPAL CAUSE OF DEATH and relate		
were as follows:		Date of onset
Quant lostill	10,511,011	3 %
and a many	www	0.00
	·	
	•	
Other Contributory Causes of importance:		
Name of operation		
What test confirmed disconneis?		
	Was there	
23. If death was due to external causes (VIOLEN	ICE) fill in also the follow	wing:
	ICE) fill in also the follow	wing:
23. If death was due to external causes (VIOLEN Accident, suicide, or homicide? Where did injury occur?(Specify	ICE) fill in also the follow	wing:, 19
23. If death was due to external causes (VIOLEN Accident, suicide, or homicide? Where did injury occur?	ICE) fill in also the follow	wing:, 19
23. If death was due to external causes (VIOLEN Accident, suicide, or homicide? Where did injury occur?(Specify	ICE) fill in also the follow	wing:, 19
23. If death was due to external causes (VIOLEN Accident, suicide, or homicide? Where did injury occur?(Specify	ICE) fill in also the follow	wing:, 19
23. If death was due to external causes (VIOLEN Accident, suicide, or homicide?	ICE) fill in also the follow	wing:, 19
23. If death was due to external causes (VIOLEN Accident, suicide, or homicide? Where did injury occur? (Specify Specify whether injury occurred in INDUSTRY,	ICE) fill in also the follow ——— Date of Injury——— city or town, county and In HOME, or in PUBLIC	wing: , 19 State) PLACE.
23. If death was due to external causes (VIOLEN Accident, suicide, or homicide? Where did injury occur? (Specify Specify whether injury occurred In INDUSTRY, Manner of injury Nature of injury 24. Was disease or Injury in any way related to	city or town, county and in HOME, or in PUBLIC occupation of deceased?	wing: , 19 State) PLACE.
23. If death was due to external causes (VIOLEN Accident, suicide, or homicide? Where did injury occur? (Specify Specify whether injury occurred in INDUSTRY, Manner of injury Nature of injury 24. Was disease or Injury in any way related to	city or town, county and in HOME, or in PUBLIC occupation of deceased?	wing: , 19 State) PLACE.

Registrar

STATE OF MARYLAND—CERTIFICATE OF DEATH

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	Je.,
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Saltmore	Registration Dist. No.
Village or City O Sochland	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of atreet and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Umform	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Hemale While OR Directed (write the word)	(Month) 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
	19. 16
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	Llast sow h. eliro on , 19 , death is seid
1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	7000 00 0000 0000 00000
9. Industry or business in which work was done, as Stl. K MILL, SAW MILL, BANK, etc	Olad in woods med.
	A) IA
O 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation	O'cochland - Unable 10
12, BIRTHPLACE (city or town) Unharm	Other Contributory Causes of importance:
(State or country)	The state of the s
13. NAME MISSOURE	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19, 19, 19
	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL delette (4)	Manner of injury
Place 31 1 hereds V Oate 4-3-, 1933	Nature of injury
19. UNDERTAKER Frankl H Neurel,	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED Afth 7, 19.33 D 66 helps	(Signed) (Signed) M. D.
Registrar.	(Address) Unionica not

1-1-1-17

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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state

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BUREAU V.			-
Other contributory causes of importance:	and the	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			21

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR

MARGIN RESERVED

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Chronic interstitial nephritis	18AV 9 1004	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MINT O THEFT	July 5,1927	Peritonitis	3 days ago
	YBREAU V.	8.		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				-

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	l	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Ny 5,1927	Peritonitis	3 days ago
- La Var	7		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year -

N. B.—WRITE PLAINEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BIND

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-20 04433
County Baltimore	Registration Dist. No.
Village or City Woodlawn	No. Windsor Will Road St. Ward
(If Length of residence in city or town where death occurred 9 yrs mos	death occurred in a hospital or institution, give its NAME instead of street and number)
Tour 1 4 1	1175-44-
2. FULL NAME Martha Lavina (Naux.
(a) Residence: No. Willes (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Optil 19 1933 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
4	april 7 1833, 10 april 19 183.
6. DATE OF BIRTH (month, day, and year) December 8, 1858	I last saw her alive on Joseph 18 1933; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at A.m.
7 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	
9. Industry or business in which	Chronic Ingreardeal
work was done, as SILK MILL, Rose SAW MILL, BANK, etc.	- Jugaritation
spent in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or lown) (State or country)	00.000
	Carone Chreekystitis Undown
13. NAME Hasaway Watts 14. BIRTHPLACE (city or town)	Name of operation. Long.
(State or country)	What test confirmed diagnosis? Playarea Was there an autopsy? We
15. MAIDEN NAME & Elem Carton	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME & Carton 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Mrs. William Jones (Address) Woodlagen Ond	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Loudon Vask Date Cfail 21, 1933	Nature of injury
19. UNDERTAKER John A. Lenny (Address) 715 Light M	24. Was disease or injury in any way related to occupation of deceased?
20. FILED afril 4-, 1938 M. n. Buffert Registrar.	(Signed) Oshua Te Urmaeat M. D. (Argress) Woodawa Md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 weck ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03814
1. PLACE OF DEATH	(23)
County Balto	Registration Dist. No. 38
Village or City Carry	No. Ridgely ava Ward
~ ~ /	death occurred in a hospital or institution, give is NAME instead of street and number) ds. How tong in U.S. if of foreign birth?
2. FULL NAME Mary E. WEAVER	
(a) Residence: No. Redgely ava	St., Ward. Corney
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. II morried, widowed, or divorced	22. 1 HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Grosge 1. C. WEaver	March 21, 1933, to april 7, 1933
6. DATE OF BIRTH (month, day, and year) Dec 3/et /867	Hast sew her alive on april 6, 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 11.4577m.
65 3 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Pulmonan taberculosis?
Rind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
11. Total time (years) this occupation (month and year)	
12. BIRTHPLACE (city or town) Balto	Other Coutributory Causes of importance:
(State or country) Md.	
13. NAME Daniel Thomas	
14. BIRTHPLACE (city or town)	Name of operation
(State of Edwitty)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary a, Frederick 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mrs Sarah Slater	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL Place Countain Christian Date Cope 10 = 19.3.3	Manner of injury
19. UNDERTAKER WM Cook (Address) 1217 St Paul of Belto M	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 4/7 , 1933 9-14, Bacon, Registrar.	(Signed) G. M. Baco. M.D. (Address) Parkeylle Uld.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemarrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Example I		Example II	1734
The principal cause of death and palated causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
7 2 4			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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WRITE PLAINSY, WITH UNFADING INK—THIS IS A PERMANC IT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should	state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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PL	state CAUSE OF DEATH in plain terms, so that it may be properly class OCCUPATION is very important. See instructions on back of certificate.
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HEALTH C	DEPARTMENT-	CITY OF	BALTIMORE
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GAAGA

	923	04404
1. PLACE OF DEATH.		Registered No(If death occurred in
SITY OF BALTIMORE: (N. 5.	St.,Ward)	a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. If of for	eign birth?yrsmosds.
2. FULL NAME John Tranklin Willh (a) Residence: No. Carellestan mel Old (Bual place of abode)	Caudst., Ward.	give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFIC.	ATE OF DEATH
3. SEX 4 Color of Race 5. Single, Married, Widowed, or Divorced (write the word) 5a. If married, widowed, or divorced HUSBAND of 74	(Nan 17 33	year) Heric 29, 1933 nat I attended deceased from to april 29, 19.33
(or) WIFE of Mary & Williet &	I last saw h.A. alive on	1129, 1933 death is said
6. DATE OF BIRTH (month, day, year) Nach 4, 187	to have occurred on the date stated The principal cause of death and r importance were as follows:	
67 / 23 1 day,hrs.	Patt de con en al	
8. Trade, profession, or particular kind of work done, as spinnet, a sawyer, bookkeeper, etc. 9. Andustry or business in which work was done, as silk mill, saw mill, bank, etc.	Regrit augusteau	2
saw mill, bank, etc. 10. Date deceased last worked this occupation (month and year) 11. Total fime (years) spent in this occupation	Other contributory causes of impor	tance:
(State or country) Freduct Co. Ynd	Ofrsily	
13. NAME Comas Willhold 14. BIRTHPLACE (city or town) James Sud. (State or country)	Name of operation. None	Date of
14. BIRTHPLACE (city or town) face of many (State or country)		Was there an autopsy? 20
15. MAIDEN NAME Haveout & Wolfs 16. BIRTHPLACE (city or town contents) (State or country)	23. If death was due to external ca following: Accident, suicide, or homicide?	and the second s
16. BIRTHPLACE (city or town (State or country)	Where did injury occur?(Specify city Specify whether injury occurred in	or town county and State)
17. INFORMANT Mary TO Pullhests: (Address)	place.	
18. BURIAL, CREMATION OR REMOVAL	Manner of injury	
19. UNDERTAKEN STANDER (Address)	24. Was disease or injury in any deceased? No. If so, specify	
20. FILED May. 2-, 33 Mn. Buffer Registrar.	(Signed) (Address) Pule	wille med, M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Examples:

Example I	Action State	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1 30-			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
			Q.

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 03816
PLACE OF DEATH County Baltum on Village or City County Miles of City Clause of	Registration Dist. No. No. St., Ward death occurred in a horpital or institution, give its NAME material of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. (Usual place of abode)	St., Ward. Kvesile Kozil If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE OR DIVORCED (write the word) T married, widowed, or divorced HUSBAND of	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Dey) (Year)
ATE OF BIRTH (month, day, and year) SE Years Months Days If LESS than 1 dey,	I HEREBY CERTIFY, That I ettended decessed from Coul 8, 1933, to Govel 9, 1933 I last saw h
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which	were as follows: Date of onest Corefral Hamorrhaee 4/8/33

OCCUPATION work was done, as SILK MILL SAW MILL, BANK, etc.... 10. Data deceesed lest worked at 11. Total time (years) spent in this this occupation (month and occupetion . 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) MOTHER 15. MAIDEN NAME

(Addrass) 18. BURIAL, CREMAT ION, OR REMOVAL

19. UNDERTAKER (Address) 20. FILED Aby.

16. BIRTHPLACE (city or town) (Steta or country)

> Nature of injury 24. Wes disease or injury in env

Registrar

If so, specify

Accident, suicida, or homicida?.

Where did injury occur?.

Manner of Injury

wey related to occupetion of deceesed?

ity or town, county and State)

Cul Oxam Wes there an eutopsy? No

23. If deeth was dua to externel causes (VIOLENCE) fill in elso the following:

If more blanks are needed, address State Registrer, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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L.	xample 1	n officer	Example II	
The principal cause of de of importance were as foll Arteriosclerosis	ath and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 6 1933	July 5,1927	Peritonitis	3 days ago
	BUREAU V.	5.		•
Other contributory causes	of importance:	CA.	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL COACH BOD BUILDING DOLLER OF THE COLOR OF THE

ADDITIONAL STATE FOR FORTHER STATEMENTS DI INTSIONAL							
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MARGIN

V. S. No. 1

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B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefull, supplied. AGE should be stated EXACTLY. PHYSICKINS should state CAUSE OR DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03817
1. PLACE OF DEATH County Parts	Registration Dist. No.
Village or City Colonian	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Gedina Wising (a) Residence: No. Edgenies (by sual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word)	21. DATE OF DEATH And 13 (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of William Wiswedd	22. I HEREBY CERTIFY That I attended deceased from Nevel: 1932 to Chil 13 ¹⁴ 1933
6. DATE OF BIRTH (month, day, and year) Cug 22 1882 7. AGE Years Months Days If LESS than	I last saw h.c. alive on affice h.g , 1923 ; death is said to have occurred on the date stated above, at
30 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance wara as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	Careenoma left breast. Sept 1929
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end spant in this occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town)	Exhustron:
13. NAME Gerhard Becker	To To
14. BIRTHPLACE (city of town)	Name of operation Removal Breat Data of Wet 26193
« · · · · · · · · · · · · · · · · · · ·	What test confirmed diagnosis? 2 2 119 Was there an autopsy? No
15. MAIDEN NAME 16. BIRTHPLACE (city or fown) (State or country)	23. If death wes due to external causes (VIOL PNCE) fill in also tha following: Accident, suicide, or homicide?
17, INFORMANT William Wiswedsl (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date Opub 15, 19 33	Manner of Injury
19. UNDERTAKER John Willing (Address) 2008 Ocleans St	24. Was disease or injury in any way related to occupation of deceased? 216
20. FILED Jor 44, 1933 4 Melengien mi) Registrar.	(Signed) Trunk to Lectrical M. D. (Address) Spanning Danit
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimord Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	
1915	Attack of epitepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	1915 Attack of epitepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND-	CERTIFICATE OF DEATH	10
1. PLACE OF DEATH	038	10
County Baltimore	Registration Dist. No. 4 4	
Village or City Gengies	No. St., St., If death occurred in a horpital or institution, give its NAME instead of street and numb.	Ward
	s. ds. How long in U.S. if of foreign birth? yrs mos	
2. FULL NAME Mary Ellen Utrigh	et	
(a) Residence: No. OS dragies (Usual place of abode)	St., Ward. If nonresident give city or town and State	e
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OB DIVORCED (write the word) Term ale. Colored.	21. DATE OF DEATH Operation (March) (Day) , 193	3 3 (Year)
5a. If married, widowed, or divorced	(month) (bay)	(1641)
HUSBAND OF Edward M. Utright	22. I HEREBY CERTIFY, That i attended decea	
6. DATE OF BIRTH (month, day, and year) July 8, 1891	I last saw h alive on, 19; dea	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.	
76 6 25 1 day,hrs.	Was a fellow to the Chook of Barris and I clated causes of misportance	te of onset
8. Trade, profession, or particular		10 01 011001
kind of work done, as SPINNER, House Wife	Carcicoma of the Pyloric	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this	End of Stomach Juloric Ju	ely 19:
10. Date deceased last worked at this occupation (month and year) spent in this occupation		
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	
(State or country) Maryland		
13. NAME Unknown		,
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country)	What test confirmed diagnosis?	
15. MAIDEN NAME Markey		Sy !
I	23. If death was due to external causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town) (State or country) Makazanon	Accident, suicide, or homicide? Date of Injury,	, 19
(State of County) Contamoror	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT Edward W. Wright	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Is en gies 18. BURIAL CREMATION, OR REMOVAL		
Place Sharp St. Date Spil 9, 19 3	Manner of Injury	
Jaco - 19 - 19 - 19 - 19 - 19 - 19 - 19 - 1	Nature of injury	
19. UNDERTAKER C., CANKfight.	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Alighland Illuly	If so, specify	
20. FILED (pril 8 , 19 33 Jales y, Connelly	(Signed) Jacob Wallman Coroner	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Address) Stermers Run

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	Example I		Example II	3/3/
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	MAY 6 1983	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street ear	i week ago
Cerebral hemorrhage	BURDAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gustroenteritis	1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH should County__ Registration Dist. No. Village or City Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIÁNS How long in U.S. if of foreign birth? 55 yrs. mos. Length of residence in city or town where death occurred. statement 2. FULL NAME ECORD. (a) Residence: No. Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE DEATH OR DIVORCED (write the word) Month) (Day) 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) certificate properi 7. AGE Years Months Days If LESS than to have occurred on the date stated allove, et 1 day,hrs. or min. were as follows Date of enset 8. Frade, profession, or particular OCCUPATION RESERVED kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. pe Jo back plnods may Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc..... 10. Deto deceased last worked at 11. Total time (years) this occupation (month and spent in this AGE that occupation ... instructions MARGIN 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) (Stete or country) What test confirmed diegnosis?. ā MOTHER 15. MAIDEN NAME important. 23. If death was due to external causes (VIOLENCE) fill in elso the following: in Accident, suicide, or homicide?______ Date of injury_______ 19____ 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?____ pe DEA' (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT should very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury mation S Nature of Injury_ 24. Was disease or injury in any way related to occupation of deceased in 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. (Address) _ If more blanks are needed, addre & State Registrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cau of importance were as follows:		Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	8,001	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	CHARDEN	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923		auses of importance:	1 year

		g toy 16	
	100		